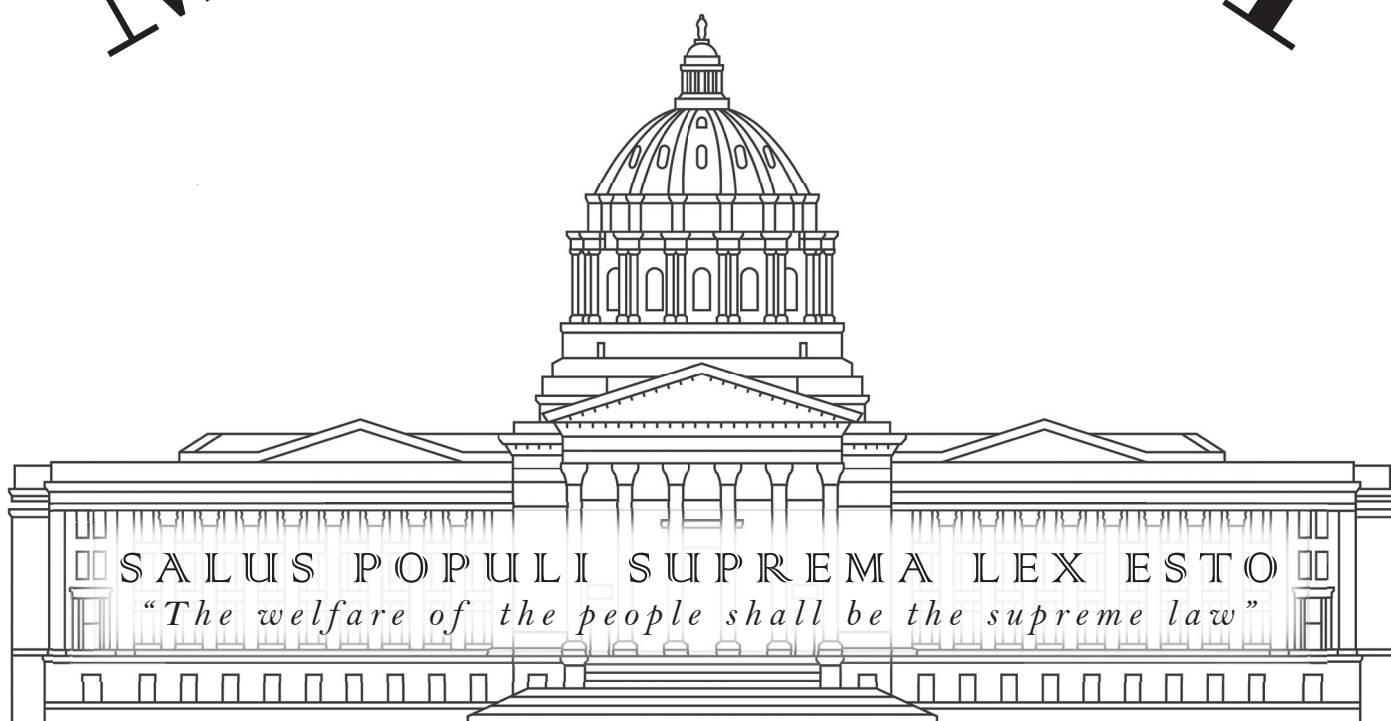


Volume 49, Number 11  
Pages 781—842

June 3, 2024

# MISSOURI



# REGISTER

John R. Ashcroft  Secretary of State

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The *Missouri Register* is published semi-monthly by

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April 1, 2024	<b>May 1, 2024</b>	May 31, 2024	June 30, 2024
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July 1, 2024	<b>August 1, 2024</b>	August 31, 2024	September 30, 2024
July 15, 2024	<b>August 15, 2024</b>	August 31, 2024	September 30, 2024
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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at [sos.mo.gov/adrules/pubsched](https://sos.mo.gov/adrules/pubsched).

## HOW TO CITE RULES AND RSMO

### RULES

The rules are codified in the *Code of State Regulations* in this system–

<b>Title</b>	<b>CSR</b>	<b>Division</b>	<b>Chapter</b>	<b>Rule</b>
3 Department	<i>Code of State Regulations</i>	10- Agency division	4 General area regulated	115 Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

### ***Code and Register on the Internet***

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The *Code* address is [sos.mo.gov/adrules/csr/csr](http://sos.mo.gov/adrules/csr/csr)

The *Register* address is [sos.mo.gov/adrules/moreg/moreg](http://sos.mo.gov/adrules/moreg/moreg)

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

## TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

### Division 70 – MO HealthNet Division

#### Chapter 94 – Rural Health Clinic Program

#### EMERGENCY RULE

#### 13 CSR 70-94.030 Transformation of Rural Community Health (ToRCH)

*PURPOSE: This emergency rule establishes the Transformation of Rural Community Health (ToRCH) program. The purpose of ToRCH is to direct new resources to rural communities that commit to addressing social conditions that lead to poor health.*

*PURPOSE: This rule governs the Transformation of Rural Community Health (ToRCH) program. ToRCH provides MO HealthNet coverage of both clinical and health-related social needs through a hub-based model. Care under ToRCH is delivered by a collaboration between participating providers as well as community-based organizations.*

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency rule is necessary to preserve a compelling governmental interest as it*

*allows MHD to immediately extend MO HealthNet coverage in rural communities to include services that address health-related social needs in addition to traditional MO HealthNet services. On June 30, 2023, Governor Parson signed CCS SCS HCS HB 11, which, for the first time, appropriates funding for State Fiscal Year (SFY) 2024 for the Transformation of Rural Community Health (ToRCH) program. In the time since the appropriation was authorized, MHD worked diligently to develop and submit a section 1915(b) waiver for approval by the Center for Medicare and Medicaid Services (CMS). After working with CMS on the waiver language, and in multiple technical assistance sessions, the waiver for ToRCH was approved on March 25, 2024. This emergency rule is being issued now that MHD has final approval to use the federal funds that were appropriated to it to administer the operation of ToRCH. The ToRCH model of care coordination is urgently needed in Missouri's rural counties, due to the ongoing struggle to maintain an adequate health care system in these regions, as well as address chronic social conditions that lead to bad health outcomes, which can in turn require costly medical care. Through ToRCH, MHD will work with rural providers to create community hubs in eligible rural counties that will both coordinate medical care and address the health-related social needs of MO HealthNet participants in these communities. MHD has already identified providers to launch the program and is implementing the program on the ground in six (6) counties. These providers are poised to hire staff and support the Community-Based Organizations (CBOs) they work with, and they require the resources to complete that work. Promulgating this rule will give MHD the authority to make this happen. In order to timely release this funding to start delivering services as soon as possible, an emergency rule is required. A proposed rule, which covers the same material is published in this issue of the **Missouri Register**. This emergency rule limits its scope to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency rule was filed April 22, 2024, becomes effective May 6, 2024, and expires November 1, 2024.*

(1) This rule implements the Transformation of Rural Community Health (ToRCH) program. ToRCH is a hub-based model that is designed to allow rural communities to have the flexibility to address health-related social needs (HRSN) among their MO HealthNet populations in a manner that focuses on improving health outcomes. ToRCH will integrate social care supports into clinical care, so that clinical outcomes are less likely to be compromised by social challenges. ToRCH will also create a new role for rural health care providers, and a new path to sustainability for these providers.

(2) Definitions. For purposes of this rule, the following words and phrases are defined as follows:

(A) "Community" shall mean a county or group of counties considered by the ToRCH entity as its core service region, and for whose health outcomes the leadership board will be held accountable;

(B) "Community Based Organization (CBO)" shall mean a public or private not-for-profit entity that provides specific services or resources to the community or targeted population within the community;

(C) "Community Health Needs Assessment" shall mean a community-wide assessment that identifies key health needs and issues through systemic, comprehensive data collection and analysis;

(D) "Health-related social needs (HRSN)" shall mean an individual's unmet, adverse social conditions that contribute



to poor health. These needs can include, but are not limited to:

1. Food insecurity;
2. Housing instability;
3. Unemployment or under-employment; or
4. A lack of reliable transportation;

(E) "Rural community health hub" shall mean a partnership among the ToRCH entity, primary care, behavioral health, and community-based organizations, to provide community-level care management services, including but not limited to strategic coordination of community-based services; and

(F) "ToRCH entity" shall mean the leader of a rural community health hub that will provide community-level care management services, i.e. strategic coordination of community-based services that primary care partners are then able to utilize in a systematic way to more fully achieve the goals of primary care case management on an individual patient level. A ToRCH entity shall be located in a county deemed eligible for rural-targeted funding by the Federal Office of Rural Health Policy.

(3) ToRCH entities shall provide primary care case management (PCCM) services as defined at 42 USC section 1396d(t) (2011), as well as utilize a waiver under The Social Security Act, section 1915(b) (1921) to address HRSN at a rural community level. This includes, but is not limited to:

(A) The strategic coordination of community-based services to allow primary care providers to utilize these services in a systematic way to more fully support positive health outcomes on the individual patient level;

(B) Engaging Community Base Organization (CBO) partners to participate in a Community Information Exchange (CIE) platform;

1. The purpose of the CIE platform is, in part, to allow ToRCH entities to locate HRSN services that case managers and other screening providers can use to better coordinate HRSN services across multiple CBOs, and to monitor enrolled participants in need of these services; and

(C) Paying for HRSN services that correlate with better health outcomes and reductions in health care spending.

(4) ToRCH entity selection criteria.

(A) A ToRCH entity shall be located in a county deemed eligible for rural-targeted funding by the Federal Office of Rural Health Policy.

(B) A ToRCH entity shall be a hospital, a federally qualified health center, a rural health clinic, or a local public health agency.

(C) A prospective ToRCH entity shall submit a Preparation, Approach, and Implementation Plan based on the following criteria:

1. Provide a well thought-out plan for the creation of a Leadership Board to oversee and administer all aspects of the ToRCH model at the rural community level;

A. This plan shall identify the organizations and the individuals who the provider intends to participate in the Leadership Board;

B. The Leadership Board shall include hospital leaders necessary to successfully administer the program, as approved by the division;

C. The Leadership Board shall consist of organizations across all domains (hospital, primary care, behavioral health, LPHA, and social care organizations);

D. The Leadership Board shall have a defined structure that includes voting policies for decisions related to ToRCH,

defined meeting frequency, recording of minutes, and other procedures common to similar types of bodies; and

E. The purpose of the Leadership Board shall be to harness the members' knowledge of their community and their clinical expertise to strategically focus on HRSN services likely to have the greatest influence on hospital outcomes and population health;

2. Provide a list of existing and potential partners with strong letters of support from at least one (1) from each domain: primary care, behavioral health, CBOs, and local public health agencies;

3. Demonstrate CBOs' current readiness and anticipated needs for support, including technical assistance;

4. Use a Community Health Needs Assessment (or other similar report) to identify the challenges and unmet needs of the community, and indicate which population health goals the community wishes to prioritize through the ToRCH model;

5. Provide a written statement of commitment to data sharing among clinical partners, and indicate how data will be shared at the individual or aggregate level; and

6. Demonstrate a strong commitment by leadership through one (1) or more letters of support that:

A. Express a vision and enthusiasm for the model and a willingness to be held accountable;

B. Discuss the team (with relevant skills) who will be running the model;

C. Describe current efforts to screen/address Social Determinants of Health (SDoH) in the community; and

D. Describe insights gained from the interactive Community Information Exchange (CIE) demonstration or other data sources.

(D) A prospective ToRCH entity shall provide a narrative that demonstrates a full understanding of the ToRCH model as follows:

1. How the flexibility and customizability of the model will be used to address community needs that connect back to the overarching health goals;

2. The specific actions that the provider will take to achieve the health goals;

3. How data will be used to inform and guide efforts;

4. How course corrections will be made; and

5. How the strengths of the rural community will be leveraged.

(5) A ToRCH entity shall enter into a Participation Agreement with the MO HealthNet Division for the operation of a ToRCH program by the provider. The Participation Agreement (12/07/2023) is incorporated by reference in this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://mydss.mo.gov/mhd/ToRCH>, on May 1, 2024.

1. A Participation Agreement shall be valid only in geographic areas in which the division has approved the ToRCH entity under this rule.

2. A Participation Agreement may contain additional terms and conditions agreed to by the parties if the terms and conditions are consistent with the provisions of the Social Security Act, section 1915(b) (1981) waiver, this rule, and relevant state or federal law.

(6) Payment Methodology.

(A) Payments to a ToRCH entity in good standing will vary over time. Payments in year N are indicated as "ToRCH(N)" and are determined according to the following formula:

ToRCH(1) = CBF(1) + CSS + SB3(1)  
ToRCH(2) = CBF(2) + CSS + SB3(2) + PH(2) + AV(2) + AH(2)  
ToRCH(3) = CBF(3) + CSS + SB3(3) + PH(3) + AV(3) + AH(3) + SS(3)  
ToRCH(4) = CBF(4) + CSS + SB3(4) + PH(4) + AV(4) + AH(4) + SS(4)  
ToRCH(5+) = CSS + PH(5+) + SS(5+).

(B) The components identified in subsection (6)(A) are defined as follows:

1. CBF – Capacity Building Funds. The amount in model years one (1) and two (2) is one hundred sixty thousand dollars (\$160,000) per year for a small rural county, two hundred forty thousand dollars (\$240,000) for a medium rural county, and three hundred twenty thousand dollars (\$320,000) for a large rural county. In year three (3), the amount is reduced by one third (1/3). In year four (4), the amount is reduced by two-thirds (2/3). In year five (5) and beyond, the amount is zero (0). These amounts are to be trended forward for inflation for additional cohorts after the first cohort;

2. CSS – Community Strategy Services. This amount is the product of an actuarially fair per-member per-month (PMPM) rate to deliver community strategy services, including a base allocation that supports the management of the ToRCH model as well as screening and referral activities for MO HealthNet participants, multiplied by the most recent quarter's enrollment data for the ToRCH county or counties, and payable quarterly;

3. SB3 – Supplemental B3 services and activities. In model years one (1) and two (2), this is a budgeted amount to be used by the ToRCH entity to provide supplemental services in accordance with section 1915(b)(3) of the Social Security Act. The initial budgeted amount is seventeen cents (\$0.17) per month multiplied by the size of the ToRCH population. In year three (3), as the funding source for these services and activities begins to transition to Shared Savings (SS), the amount is reduced by one third (1/3). In year four (4), the amount is reduced by two thirds (2/3). In year five (5) and beyond, the amount is reduced to zero (0);

4. PH – Population Health incentive payments. For each of the identified population health goals referenced in the ToRCH entity's Participation Agreement, the Supplemental HRSN services budget will be increased by two percent (2%) if the goal for the prior year is met and by three percent (3%) if the goal is exceeded. Thus the value of PH(2) equals up to fifteen percent (15%) of SB3(1). The value of PH(3) equals up to fifteen percent (15%) of SB3(2). The value of PH(4) equals up to fifteen percent (15%) of the sum of SB3(3) and SS(3). The value of PH(5) equals up to fifteen percent (15%) of the sum of SB3(4) and SS(4). The value of PH(6+) equals up to fifteen percent (15%) of SS(5+).

5. AV – Avoided Visits incentive payments. Based on calculations of avoidable Emergency Department visits, a pool is created across the ToRCH cohort, i.e., across all ToRCH entities that are in the same model year. Hospital services are probabilistically identified as potentially avoidable, and the dollar amount associated with these services is calculated at baseline and after each model year for services that occurred in the ToRCH hospital. First, these changes are expressed as percentage changes for each hospital, negative numbers representing better performance. Second, these percentage changes are summed to determine the total percent change across the cohort. Third, each hospital's share of the total percent change is calculated as the ratio of the above two steps. Fourth, this share is multiplied by the total value of the reduction achieved across the cohort to determine a prorated share of the reduction. Finally, the prorated share of

the reduction is added back onto the original "old" value to obtain the final allocation for each ToRCH hospital. (Note: if a ToRCH entity is not a hospital, then it will not participate in the Avoided Visits Pool.)

6. AH – Avoided Hospitalization incentive payments. Based on calculations of avoidable hospitalizations, a pool is created across the ToRCH cohort, i.e., across all ToRCH entities that are in the same model year. Using an algorithm based on Prevention Quality Indicators (PQIs), area-level Pediatric Quality Indicators (PDIs), and the beta Emergency Department Prevention Quality Indicators (ED PQIs), hospital services are identified as potentially avoidable, and the dollar amount associated with these services is calculated at baseline and after each model year for services that occurred in the ToRCH hospital. First, these changes are expressed as percentage changes for each hospital, negative numbers representing better performance. Second, these percentage changes are summed to determine the total percent change across the cohort. Third, each hospital's share of the total percent change is calculated as the ratio of the above two steps. Fourth, this share is multiplied by the total value of the reduction achieved across the cohort to determine a prorated share of the reduction. Finally, the prorated share of the reduction is added back onto the original "old" value to obtain the final allocation for each ToRCH hospital. (Note: if a ToRCH entity is not a hospital, then it will not participate in the Avoided Hospitalization Pool.)

7. SS – Shared Savings payments – Beginning in year three (3), ToRCH entities will be eligible for shared savings payments based upon the estimated savings that MHD calculates as occurring through reductions in all-cause hospitalization (inpatient and outpatient) among the MO HealthNet residents of the ToRCH community. The estimate will be calculated relative to the utilization of MO HealthNet residents of rural, non-ToRCH counties and will be adjusted for the demographic composition of the county, including differences in enrollment by Category of Aid. To phase in the Shared Savings component of the ToRCH model, SS(3) will be, at minimum, equal to twenty percent (20%) of the calculated amount saved between years one (1) and two (2). SS(4) will be, at minimum, forty percent (40%) of the calculated amount saved between years two (2) and three (3). SS(5) will be, at minimum, sixty percent (60%) of the calculated amount saved between years three (3) and four (4). For N>5, SS(N) will be, at minimum, sixty percent (60%) of the calculated amount saved between years N-two(2) and N-one(1). When the PH incentive payments are added, the total shared savings rate may be up to seventy-five percent (75%).

*AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016. Emergency rule filed April 22, 2024, effective May 6, 2024, expires Nov. 1, 2024. Original rule filed April 22, 2024. A proposed rule covering the same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency rule will cost state agencies or political subdivisions seven million five hundred thousand dollars (\$7,500,000) in the time the emergency is effective.*

*PRIVATE COST: This emergency rule will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

**FISCAL NOTE  
PUBLIC COST**

- I. Please include clear instructions regarding what information to include in this field:

**Department Title:** Title 13 – Department of Social Services  
**Division Title:** Division 70 – MO HealthNet Division  
**Chapter Title:** Chapter 94 – Rural Health Clinic Program

<b>Rule Number and Name:</b>	13 CSR 70-94.030 Transformation of Rural Community Health
<b>Type of Rulemaking:</b>	Emergency Rule

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
MO HealthNet Division	\$7,500,000 (6-month emergency period)

**III. WORKSHEET**

N/A

**IV. ASSUMPTIONS**

MO HealthNet:

Combined spending for six sites plus the community information exchange platform and other data infrastructure will be at or under the initial appropriation of \$15,000,000 for Years 1 and 2. The goal of the model is to switch to a shared savings funding stream by Year 5, so for a given cohort of ToRCH communities, the full upfront cost of up to \$15,000,000 is expected to be incurred only in Years 1 and 2. Therefore, combined spending for the six-month emergency period is projected to be at or under \$7,500,000.

Other state agencies:

While one goal of the ToRCH model is to better align and coordinate use of existing funding for social programs, the assumption is that ToRCH will allow for more targeted use of existing funds and will result in greater long-term impact from the services rendered, not that any additional funds will be needed for these public programs.



**TITLE 20 – DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2120 – State Board of Embalmers  
and Funeral Directors  
Chapter 2 – General Rules**

**EMERGENCY RULE**

**20 CSR 2120-2.106 Preneed Funeral Contract Audit Fee  
Waiver**

*PURPOSE: This rule waives the twenty-five dollar (\$25) statutory state audit fee paid by consumers who are impacted by the receivership of National Prearranged Services (“NPS”).*

*EMERGENCY STATEMENT: In March 2024, Missouri funeral homes and Missouri consumers began receiving notices from the Texas Special Deputy Receiver (SDR) providing notification that orphan (no insurance involved) preneed contracts were being terminated by the receivership. Notices also provided expected refunds, as determined by the SDR. In many cases, the refunds would not be the full amount consumers paid toward their preneed contract due to the criminal actions by NPS which resulted in the receivership. The receivership, through communication with the State Board of Embalmers and Funeral Directors (board), indicated consumers could begin receiving refunds as early as May 2024. Section 436.460.5 RSMo, authorizes the board to collect an annual reporting fee from each preneed seller per contract written. The fee is customarily (although not always) charged to the consumer in a preneed contract and noted as a “State Audit Fee.” This practice is authorized by Sections 436.460.5, RSMo. The preneed seller is to pay the fee at the time of filing of their annual report during the license renewal period. The license renewal window occurs from September 1 through October 31 annually. This proposed emergency rule attempts to minimize the impact of financial loss to the consumer/preneed seller by waiving the preneed contract audit fee for consumers or preneed sellers who enter a new (replacement) contract because of the NPS receivership action. The State Board of Embalmers and Funeral Directors believes this emergency rule is fair to all affected Missouri consumers and Missouri preneed sellers.*

*As notice from the Texas Special Deputy Receiver has been provided to consumers regarding termination of orphan preneed contracts along with notice of pending refunds along with the upcoming annual renewal period beginning in September 2024, the board has determined this emergency rule is necessary to minimize any continued financial harm to Missouri citizens and Missouri preneed sellers. As a result, the State Board of Embalmers and Funeral Directors finds there is an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest that requires this emergency action. A proposed rule that covers the same material is published in this issue of the **Missouri Register**. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The State Board of Embalmers and Funeral Directors believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed April 29, 2024, becomes effective May 14, 2024, and expires February 20, 2025.*

(1) The board may waive the per contract annual reporting fee required by section 436.460.5, RSMo, and rule 20 CSR 2120-

2.100(1)(DD) for any seller who has entered into a contract for preneed funeral services with a consumer impacted by the receivership of National Prearranged Services (“NPS”).

(2) To request a waiver, the seller shall submit its request in writing to the board along with its annual report and provide any additional documentation as the board may request. The board may provide a form with requested information.

(3) Waivers may only be granted where the consumer has not been charged any State audit fee (or similar reporting fee) or the seller has affirmed the consumer shall receive a refund or credit of any fee previously paid. In no event shall any waiver exceed twenty-five dollars (\$25) per contract.

(4) In the event any waiver is denied, the seller shall remit the reporting fee due within sixty (60) days’ notice.

(5) This rule shall sunset on October 31, 2026.

*AUTHORITY: sections 333.340 and 436.460.5, RSMo 2016. Original rule filed: Emergency rule filed April 29, 2024, effective May 14, 2024, expires February 20, 2025. A proposed rule covering the same material is published in this issue of the **Missouri Register**.*

*PUBLIC COST: This emergency rule will cost state agencies or political subdivisions an estimated forty-six thousand five hundred dollars (\$46,500) in the time the emergency is effective.*

*PRIVATE COST: This emergency rule will save private an estimated forty-six thousand five hundred dollars (\$46,500) in the time the emergency is effective.*

**PUBLIC FISCAL NOTE****I. RULE NUMBER****Title 20 -Department of Commerce and Insurance****Division 2120—State Board of Embalmers and Funeral Directors****Chapter 2 - General Rules****Proposed Emergency Rule 20 CSR 2120-2.106 – Preneed Funeral Contract Audit Fee Waiver****II. SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Loss of Revenue</b>	
State Board of Embalmers and Funeral Directors	<b>\$46,500</b>	
	<b>During the Time the Emergency is Effective</b>	<b>\$46,500</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTION**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Commerce and Insurance**  
**Division 2120—State Board of Embalmers and Funeral Directors**  
**Chapter 2 - General Rules**  
**Proposed Emergency Rule 20 CSR 2120-2.106 – Preneed Funeral Contract Audit Fee Waiver**

**II. SUMMARY OF FISCAL IMPACT**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated savings for the life of the rule by affected entities:
1,860	Audit Fee (Fee @ \$25)	\$46,500
	<b>During the Time the Emergency is Effective</b>	<b>\$46,500</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTION**

1. The figure reported above is based on the list provided by the receivership. It is a listing of approximately 3,100 Missouri consumers impacted by the orphan contract cancellations. The board estimates 60% of this total will enter into a new preneed contract.
2. The fee waiver only affects consumers and preneed sellers impacted by the receivership of the National Prearranged Services. The fee is waived for consumers that enter into new preneed contracts.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER  
24-05

WHEREAS, on May 31, 2023, I declared a drought alert for 60 counties through Executive Order 23-05; and

WHEREAS, Executive Order 23-05 was set to expire on December 1, 2023; and

WHEREAS, on November 17, 2023, I extended Executive Order 23-05 until May 1, 2024, with Executive Order 23-10, due to ongoing significant drought conditions experienced across the State of Missouri; and

WHEREAS, the counties of Andrew, Atchison, Audrain, Barry, Bates, Benton, Bollinger, Boone, Butler, Caldwell, Cape Girardeau, Carroll, Carter, Cass, Chariton, Christian, Clark, Clinton, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gentry, Greene, Grundy, Harrison, Henry, Holt, Howard, Howell, Iron, Jackson, Jasper, Jefferson, Johnson, Knox, Lafayette, Lawrence, Lewis, Livingston, Macon, Madison, Marion, McDonald, Mississippi, Monroe, New Madrid, Newton, Nodaway, Oregon, Pemiscot, Perry, Pettis, Ralls, Randolph, Ray, Reynolds, Ripley, St. Francois, Ste. Genevieve, Saline, Scott, Shannon, Shelby, Stoddard, Stone, Washington, Wayne, and Worth are currently experiencing moderate or severe drought; and

WHEREAS, current and forecasted weather conditions indicate additional counties may enter drought alert by being put into Warning or Emergency designations by the county list created by the Climate and Weather Subcommittee in accordance with the Missouri Drought Mitigation and Response Plan, located on Missouri Department of Natural Resources Drought webpage, and those counties shall also be declared in drought alert; and

WHEREAS, drought conditions remain such that the drought-response efforts described in Executive Order 23-05 and Executive Order 23-10 are necessary to support continued monitoring and mitigation.

NOW, THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI, by virtue and authority vested in me by the Constitution and laws of the State of Missouri, do hereby extend Executive Order 23-05 until September 1, 2024, unless terminated or extended by subsequent order.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 26th day of April, 2024.



A handwritten signature in blue ink, reading "Michael L. Parson".

MICHAEL L. PARSON  
GOVERNOR

ATTEST:

A handwritten signature in black ink, reading "John R. Ashcroft".

JOHN R. ASHCROFT  
SECRETARY OF STATE

**T**he text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

**E**ntirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

**A**n important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

**I**f an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

**A**n agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

**I**f an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**TITLE 3 – DEPARTMENT OF CONSERVATION  
Division 10 – Conservation Commission  
Chapter 7 – Wildlife Code: Hunting: Seasons,  
Methods, Limits**

**PROPOSED AMENDMENT**

**3 CSR 10-7.900 Black Bear Hunting Season: General Provisions.** The commission proposes to amend subsection (8) (C) of this rule.

*PURPOSE: This proposed amendment allows the use of unmanned motor-driven air conveyances to recover wounded black bear as specifically authorized by 3 CSR 10-7.410.*

(8) Black Bear may not be hunted, pursued, taken, or killed –  
(C) With the aid of a motor-driven land conveyance or aircraft, **except unmanned motor-driven air conveyances**

**may be used to recover wounded black bear as specifically authorized by 3 CSR 10-7.410;**

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const., and section 252.040, RSMo 2016. Original rule filed June 28, 2019, effective Dec. 30, 2019. For intervening history, please consult the **Code of State Regulations**. Amended: Filed April 15, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at <https://short.mdc.mo.gov/Z49>. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.010 General Organization.** The Missouri 911 Service Board is amending section (1).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) The objective of the Missouri 911 Service Board is creating standardized 911 training and education requirements for telecommunicator[s] **first responders** to enhance statewide 911 emergency services.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. This rule originally filed as 11 CSR 10-12.010. Original rule filed May 16, 2000, effective Nov. 30, 2000. For intervening history, please consult the **Code of State Regulations**. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*



**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY**  
**Division 90 – Missouri 911 Service Board**  
**Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.020 Definitions.** The Missouri 911 Service Board is amending section (5).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(5) Telecommunicator **first responder** is any person employed as an emergency telephone worker, call taker, or public safety dispatcher whose duties include receiving, processing, or transmitting public safety information received through a Public Safety Answering Point or Emergency Communications Center.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. This rule originally filed as 11 CSR 10-12.020. Original rule filed May 16, 2000, effective Nov. 30, 2000. For intervening history, please consult the Code of State Regulations. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY**  
**Division 90 – Missouri 911 Service Board**  
**Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.030 Initial Training.** The Missouri 911 Service Board is amending sections (1), (2), (3) and (4).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) Telecommunicator[s] **first responders** hired after August 28, 1999, must complete the following initial training units (ITU) within twelve (12) months of the date of employment:

(A) In order to act as a **police** telecommunicator *[for any law enforcement agency]* **first responder**, sixteen (16) hours of police dispatcher ITU or forty (40) hours of joint communications dispatcher ITU;

(B) In order to act as a **fire** telecommunicator *[for any fire department]* **first responder**, sixteen (16) hours of fire dispatcher ITU or forty (40) hours of joint communications

dispatcher ITU;

(C) In order to act as *[a]* **an emergency medical services** telecommunicator *[for any emergency medical service]* **first responder**, sixteen (16) hours of emergency medical dispatcher ITU or forty (40) hours of joint communications dispatcher ITU; and

(D) In order to act as a **joint communications center** telecommunicator *[for a joint communications center]* **first responder**, forty (40) hours of joint communications dispatcher ITU.

(2) Individuals who were employed as a telecommunicator **first responder** prior to August 28, 1999, are not required to complete the initial training requirements, but are encouraged to attend applicable training disciplines as feasible.

(3) Telecommunicator **first responder** *[initial training units]* *[(ITU)]* may be obtained from the sources identified in 11 CSR 90-4.050(3).

(4) Each Public Safety Answering Point or Emergency Communications Center shall be responsible for maintaining records of compliance with the ITU rules for each telecommunicator **first responder** in their employ.

(A) Telecommunicator[s] **first responders** shall be responsible to submit ITU certificates of completion to their employer.

(B) Telecommunicator[s] **first responders** should maintain certificates of completion showing their compliance with the ITU rules.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. This rule originally filed as 11 CSR 10-12.030. Original rule filed May 16, 2000, effective Nov. 30, 2000. For intervening history, please consult the Code of State Regulations. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY**  
**Division 90 – Missouri 911 Service Board**  
**Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.040 Exemptions and Waiver of Initial Training Requirement.** The Missouri 911 Service Board is amending sections (1) and (2).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) The following individuals shall be exempted from the requirements of this rule:

(A) Telecommunicator[s] **first responders** who meet the definition of an emergency medical dispatcher as defined by section 190.100, RSMo;

(2) Any persons hired after August 28, 1999, as a telecommunicator **first responder**, may have the initial training requirement waived upon furnishing proof to the board that they have completed a training course in another state that meets the minimum requirements listed in 11 CSR 90-4.030.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. This rule originally filed as 11 CSR 10-12.040. Original rule filed May 16, 2000, effective Nov. 30, 2000. For intervening history, please consult the Code of State Regulations. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.050 Requirements for Continuing Education.** The Missouri 911 Service Board is amending sections (1), (2), and (4).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) Telecommunicator **first responder** continuing education units (CEU) shall be obtained and monitored on a fixed three-(3-) year cycle, with the first CEU period ending December 31, 2014, and successive CEU periods ending December 31 every third year thereafter.

(2) Every telecommunicator **first responder** shall obtain a minimum of twenty-four (24) hours of CEU credit during each CEU period.

(4) Each Public Safety Answering Point or Emergency Communications Center shall be responsible for maintaining records of compliance with the continuing education rules for each telecommunicator in their employ.

(A) Telecommunicator[s] **first responders** shall be responsible to submit CEU certificates of completion to their employer.

(B) Telecommunicator[s] **first responders** should maintain certificates of completion showing their compliance with the continuing education rules.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. This rule originally filed as 11 CSR 10-12.050. Original rule filed May 16, 2000, effective Nov. 30, 2000. For intervening history, please consult the Code of State Regulations. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.060 Minimum Standards for Continuing Education Training.** The Missouri 911 Service Board is amending sections (1) and (6).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) All telecommunicator **first responder** continuing education unit (CEU) training shall relate to one (1) or more of the following curricula areas:

(6) Every governmental agency or public safety organization employer that provides CEU training shall present each telecommunicator **first responder** leaving the agency with a complete record of all CEU training obtained by the telecommunicator **first responder** during the telecommunicator[s] **first responder's** tenure with the organization.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. This rule originally filed as 11 CSR 10-12.060. Original rule filed May 16, 2000, effective Nov. 30, 2000. For intervening history, please consult the Code of State Regulations. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement*

*in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.080 Procedure to Obtain Approval for an Individual Continuing Education Course for 911 Telecommunicators.** The Missouri 911 Service Board is amending section (1).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) To be eligible to obtain approval for a specific, individual telecommunicator **first responder** continuing education unit (CEU) course, an applicant must not be the holder of a CEU provider approval.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. Original rule filed Jan. 3, 2012, effective Aug. 30, 2012. Moved to 11 CSR 90-4.080 and amended: Filed March 12, 2021, effective Sept. 30, 2021. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.090 Out-of-State, Federal and Organizations or Commercial Entities Continuing Education Credit for 911 Telecommunicators.** The Missouri 911 Service Board is amending section (2).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(2) In order to receive credit for attending continuing education unit CEU training recognized by the board's training committee pursuant to this rule, a telecommunicator **first responder** shall maintain evidence that –

(B) The telecommunicator **first responder** successfully completed the training.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. Original rule filed Jan. 3, 2012, effective Aug. 30, 2012. Moved to 11 CSR 90-4.090 and amended: Filed March 12, 2021, effective Sept. 30, 2021. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED AMENDMENT**

**11 CSR 90-4.100 Computer-Based Continuing Education Training for 911 Telecommunicators.** The Missouri 911 Service Board is amending section (1).

*PURPOSE: This amendment contains updated terminology consistent with changes made to section 650.340, RSMo, that became effective August 28, 2023.*

(1) Any source approved to provide telecommunicator **first responder** continuing education unit (CEU) training pursuant to 11 CSR 90-4.050 may offer interactive, computer-based training.

*AUTHORITY: section 650.340, RSMo Supp. [2020] 2023. Original rule filed Jan. 3, 2012, effective Aug. 30, 2012. Moved to 11 CSR 90-4.100 and amended: Filed March 12, 2021, effective Sept. 30, 2021. Amended: Filed May 1, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*



**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY  
Division 90 – Missouri 911 Service Board  
Chapter 4 – 911 Training and Standards Act**

**PROPOSED RULE**

**11 CSR 90-4.150 Emergency Medical Dispatch Services Requirements**

*PURPOSE: This rule prescribes requirements for the provision of Emergency Medical Dispatch Services, including training requirements consistent with changes to section 650.340, RSMo, that became effective August 28, 2023.*

(1) For purposes of this rule, the following terms mean –

(A) “Board,” the Missouri 911 service board established in section 650.325, RSMo;

(B) “Call routing,” the reception of emergency calls where the only purpose is to determine the course of direction of routing (police, fire, medical) resulting in rapid transfer of medical callers to the appropriate agency;

(C) “Dispatch agency,” any person or organization that receives requests for emergency medical services from the public, by telephone or other means, and is responsible for dispatching emergency medical services;

(D) “EMD agency,” any business, organization, or government agency, including a dispatch agency and Public Safety Answering Points (PSAP), that is tasked with gathering information related to medical emergencies and the delivery of medical instructions by voice before the arrival of emergency medical services and that is recognized by the board as an emergency medical dispatch agency;

(E) “EMD medical director,” a licensed physician under chapter 334, RSMo, who provides EMD medical direction to a dispatch agency, PSAP, or a dispatch agency and PSAP, and works with the local EMS medical director if another person holds that position;

(F) “Emergency,” the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead to a prudent layperson, possessing an average knowledge of health and medicine, to believe that the absence of immediate medical care could result in –

1. Placing the person’s health, or with respect to a pregnant woman, the health of the woman or her unborn child, in significant jeopardy;

2. Serious impairment to a bodily function;

3. Serious dysfunction of any bodily organ or part; and

4. Inadequately controlled pain;

(G) “Emergency medical dispatcher (EMD),” a person who receives emergency calls from the public and is certified or recertified to have successfully completed an approved emergency dispatch course and Continuing Dispatch Education requirements prescribed by this regulation;

(H) “Emergency medical dispatching,” the reception, evaluation, processing, provision of dispatch life support, management of requests for emergency medical assistance, and participation in ongoing evaluation and improvement of the emergency medical dispatch process. This process includes identifying the nature of the request, prioritizing the severity of the request, dispatching the necessary resources, providing instructions to callers and coordinating the responding resources as needed but does not include call routing per se;

(I) “Emergency Medical Dispatch Priority Reference System (EMDPRS),” a board approved and EMD medical director

approved system that includes the protocol used by an EMD in a dispatch agency, PSAP, or dispatch agency and PSAP to dispatch aid to medical emergencies that includes systematized caller interrogation questions, systematized instructions, and systematized coding protocols that match the EMD’s evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; continuous quality improvement program that measures compliance to protocol through ongoing random case review for each EMD; and a training curriculum and testing process consistent with the specific EMDPRS protocol used by the dispatch agency, PSAP, or dispatch agency and PSAP;

(J) “Instructions,” the scripted medical aid and safety instructions provided in response to critical medical situations;

(K) “National standards,” the following standards related to emergency medical dispatch programs and EMDs –

1. “ASTM F1258-95 (2022) Standard Practice for Emergency Medical Dispatch,” published by ASTM International, 100 Barr Harbor Dr., West Conshohocken, PA 19428-2959, last updated September 7, 2022;

2. “ASTM F1552-94 (2016) Standard Practice for Training Instructor Qualification and Certification Eligibility of Emergency Medical Dispatchers,” published by ASTM International, 100 Barr Harbor Dr., West Conshohocken, PA 19428-2959, last updated December 27, 2016;

3. “ASTM F1560-00 (2022) Standard Practice for Emergency Medical Dispatch Management,” published by ASTM International, 100 Barr Harbor Dr., West Conshohocken, PA 19428-2959, last updated September 7, 2022;

4. “Emergency Medical Dispatch. National Standard Curriculum. Instructor Guide. Trainee Guide,” of the National Highway Traffic Safety Administration (DOT), Washington DC; Health Resources and Services Administration (DHHS/PHS), Washington, DC, Maternal and Child Health Bureau. Published in February 1996 by the U.S. Government Publishing Office, Superintendent of Documents, Mail Stop: SSOP, Washington DC 20402-9328. Available at <https://files.eric.ed.gov/fulltext/ED425308.pdf>; and

5. “2018 American Heart Association Focused Update on Advanced Cardiovascular Life Support Use of Antiarrhythmic Drugs During and Immediately After Cardiac Arrest: An Update to the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care,” republished on December 4, 2018, by the American Heart Association, 7272 Greenville Ave., Dallas, TX 75231. Available at <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000613>;

6. “Highlights of the 2020 American Heart Association Guidelines for CPR and ECC,” published in 2020 by the American Heart Association, 7272 Greenville Ave., Dallas, TX 75231; and

7. “2020 American Heart Association Guidelines for CPR and ECC,” published in 2020 by the American Heart Association, 7272 Greenville Ave., Dallas, TX 75231;

(L) “Public Safety Answering Points (PSAP),” the location at which 911 calls are answered, including primary and secondary Public Safety Answering Points, also known as Emergency Communication Centers;

(M) “Quality Assurance and Improvement Program (QAAIP),” a program approved by the EMD Medical Director and administered by the dispatch agency, PSAP, or dispatch agency and PSAP for the purpose of ensuring safe, efficient, and effective performance of EMDs in regard to their use of the EMDPRS and patient care advice provided. This program shall include, at a minimum, the random case review evaluating EMD performance, feedback of EMDPRS compliance levels to EMDs, related Continuing Dispatch Education, and submission of compliance data to the EMD medical director.

- (2) The board's authority and responsibilities shall include –
- (A) Determining acceptable EMD training programs to be used to certify and recertify EMDs;
  - (B) Setting minimum training and Continuing Dispatch Education requirements that meet national standards for EMD certification and recertification; and
  - (C) Evaluating and approving EMD training and Continuing Dispatch Education programs based on national standards.

(3) All EMD agencies shall have an EMD medical director, utilize a EMDPRS and have a QAAIP. The board shall identify preapproved, standardized EMDPRS's for selection and use by local EMD agencies. The board shall recognize all dispatch agencies and PSAPs that meet these requirements as EMD agencies.

(4) EMD training programs shall be based on an EMDPRS and a board-approved curriculum that includes a board-approved examination which tests for competency in the specific EMDPRS taught in the program. All such programs shall be conducted in accordance with national standards.

(5) A business, organization, or government agency, including a dispatch agency or PSAP, may not represent itself as an EMD agency unless it is recognized by the board as an EMD agency.

*AUTHORITY: sections 650.330 and 650.340, RSMo Supp. 2023. Original rule filed May 1, 2024.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment with Missouri 911 Service Board, PO Box 2126, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES**  
**Division 35 – Children's Division**  
**Chapter 71 – Rules for Residential Treatment**  
**Agencies for Children and Youth**

**PROPOSED AMENDMENT**

**13 CSR 35-71.015 Background Checks for Personnel of Residential Care Facilities and Child Placing Agencies.** The division is amending sections (1), (2), (6), (8), (10), and (12).

*PURPOSE: This amendment clarifies or removes definitions in conformity with amendments to section 210.493, RSMo, removes outdated information, and removes an unnecessary procedure.*

(1) Definitions. For the purpose of this regulation, unless otherwise specified in this section or unless the context clearly requires otherwise, the definitions of terms specified in sections 210.110, 210.481, and 210.1253, RSMo, shall apply to this regulation. The singular includes the plural and plural includes the singular. In addition, the following terms are

defined as follows:

(A) "Applicant" means any individual who applies or is required to successfully complete the background check requirements for employment or presence at the Licensed Residential Care Facility (LRCF), License-Exempt Residential Care Facility (LERCF), or Child Placing Agency (CPA) by section 210.493, RSMo. For the purposes of background checks conducted by the Missouri State Highway Patrol of the Missouri Department of Public Safety, the term "applicant" is further defined as specified in section 43.539, RSMo.

1. Except as otherwise provided in this regulation, applicants for LRCFs, LERCFs, and CPAs who are required to complete the background check process include *[officers; managers;]* contractors with unsupervised access to children; volunteers with unsupervised access to children; employees; *[other support staff;]* owners of LRCFs and LERCFs that will have access to the facilities; and owners of LERCF, LRCF, and CPA that will have access to children.

2. Except as otherwise provided in this regulation, applicants for LERCFs who are required to complete a background check also include any applicant as defined in section 43.539, RSMo, who has unsupervised contact with a resident of the LERCF. The following individuals or classes of individuals who may have unsupervised contact with a child who is a resident of an LERCF are not deemed to be applicants and are not required to submit to background checks as provided in this subsection unless otherwise required by law or court order:

A. Legal parents, step-parents, grandparents, siblings, legal guardians, and prospective adoptive parents who do not reside on or at the LERCF but who have contact or visits with a child who resides on the property of an LERCF;

B. Licensed or other lawfully qualified individuals who do not reside at or on the property of an LERCF, who are not employees, *[officers,]* volunteers, staff, *[support staff of the LERCF,]* and who provide occasional emergency professional services within the scope of their employment pertaining to a child who resides at or on the property of the LERCF, such as licensed physicians, licensed nurses, licensed emergency medical technicians, POST certified law enforcement officers, juvenile officers, division employees, prosecuting attorneys, court-appointed special advocates (CASA) assigned by a court to a child who resides at an LERCF, attorneys, and court-appointed guardians *ad litem* for children who reside at an LERCF; and/or

C. Licensed or other lawfully qualified individuals who do not reside at or on the property of an LERCF, who are not employees, *[officers,]* volunteers, staff, *[support staff of the LERCF,]* and who provide reasonably necessary, professional services, maintenance in an emergency when it is necessary to protect the health and safety of individuals at the facility and background checks are not reasonably possible under the circumstances, or government inspections on the premises of an LERCF to ensure the health and safety of the residents such as fire, health, and safety inspectors, and nationally recognized accrediting agencies, heating, construction, electrical, and plumbing contractors;

(D) "Employee" is any individual who works in the service of a LERCF, LRCF, or *[Child Placing Agency]* CPA under an express or implied contract for hire, whether written or unwritten, full time or part time, under which the LERCF, LRCF, or *[Child Placing Agency]* CPA has the right to control the details of work performance in whole or in part. *[Other support staff may be employees and employees may be staff.]* For purposes of this regulation and any regulations implementing the background check process requirements prescribed by section 210.493,



RSMo, employees of an LERCF, LRCF, or *[Child Placing Agency] CPA* who neither work in nor perform services in Missouri, nor have access to children in Missouri, nor have access to a residential care facility in Missouri, and who are not otherwise required to successfully complete the background check process, are *[deemed other support staff who are]* not required to complete the background check process requirements in their capacities as employees;

(F) *“License-Exempt Residential Care Facility” or “LERCF” means any place, facility, or home operated by any person who receives children who are not related to the operator and whose parent or guardian is not a resident of the same facility and that provides such children with supervision, care, lodging, and maintenance for twenty-four (24) hours a day, with or without transfer of custody, and that is not required to be licensed under section 210.516, RSMo* *“License-Exempt Residential Care Facility” or “LERCF” means a place, facility, or home that provides children with supervision, care, lodging, and maintenance for twenty-four (24) hours a day, with or without transfer of custody; is not required to be licensed under section 210.516, RSMo; and either receives children unrelated to the operator or receives the children of parents or guardians who are not residents of the residential care facility.* Unless exempted as provided below, LERCFs include[,] but are not limited to[,] boarding schools, juvenile detention facilities, license-exempt foster homes as defined in section 210.516, RSMo, and other congregate care facilities. LERCFs do not include –

1. Hospitals, sanitariums, and clinics operated to provide medical care and treatment and operating pursuant to a valid license issued by the Missouri Department of Health and Senior Services (DHSS), the Missouri Department of Mental Health (DMH), the United States (such as Veterans’ Administration Hospitals and hospitals administered by the armed forces of the United States);

2. Boarding schools operated by the Missouri Department of Elementary and Secondary Education (DESE), provided *[that]* DESE requires background checks equivalent or more stringent than the requirements of section 210.493, RSMo;

3. Foster homes and congregate care facilities or homes licensed or certified by the DMH, provided *[that]* DMH requires background checks equivalent or more stringent than the requirements of section 210.493, RSMo;

4. Juvenile corrections programs operated by the Department of Social Services, Division of Youth Services, or juvenile detention facilities operated by juvenile officers or juvenile courts *[which]* **that** are subject to the Prison Rape Elimination Act (PREA) standards and auditing;

5. Facilities operated by the Missouri Department of Corrections and county or local jails;

6. *[Any]* **Residences where any** individual (but not a corporation, partnership, organization, or association) *[who]* receives on a voluntary basis[,] the child of close, personal friends or relatives as an occasional and personal guest in their personal home or the home of the child’s parent, guardian, or legal custodian, who is otherwise unaffiliated with an LRCF or LERCF and who receives custody of or provides care of no other child unrelated by consanguinity, adoption, or affinity;

7. *[Any]* **Residences where any** individual (but not a corporation, partnership, organization, or association) *[who is]* otherwise unaffiliated with an LRCF or LERCF *[who]* receives legal custody or guardianship of a child or sibling group pursuant to a judgment or order of a court of competent jurisdiction in cases where a state or local government is not a party and in cases where the judgment or order is entered by a court outside the state of Missouri, **and** all of the requirements

of the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), the Interstate Compact [for the Placement of Children (ICPC)], or the Interstate Compact *[for the Placement of]* **on** Juveniles (ICJ) have been fully satisfied; and

8. Any camp which is not a boarding school, which is operated solely during certain months of the year, not to exceed four (4) months, which is conducted in good faith primarily to provide recreation or religious instruction for children, in which the children do not spend more than thirty (30) consecutive overnight periods during any twelve- (12-) month period, and not for ongoing residential or treatment purposes;

*[(G)] “Manager” is any individual who administers or supervises the affairs of the LERCF, LRCF, or Child Placing Agency, including, but not limited to any individual who supervises any employees, staff, or volunteers of the LERCF, LRCF, or Child Placing Agency;*

*[(H)](G) “Missouri State Highway Patrol” or “MSHP” shall mean the Missouri State Highway Patrol of the Missouri Department of Public Safety;*

*[(I)] “Officer” is any individual who holds an executive position with the LERCF, LRCF, or Child Placing Agency, including but not limited to President and/or Chairperson of the Board, Board Vice President and/or Vice Chair, Board Secretary, Board Treasurer, any other position designated as an officer in the bylaws or articles of incorporation or organization; and General Counsel, Headmaster, Principal, Head Teacher, and Director and/or Chief Executive Officer of the LERCF, LRCF, or Child Placing Agency;*

*[(J)](H) “Owner” of an LERCF, LRCF, or [Child Placing Agency] CPA is any individual who holds an equity interest in the LERCF, LRCF, or [Child Placing Agency] CPA;*

*[(K)](I) “Sponsoring [O]rganization” shall mean the entity that sponsors the LERCF, LRCF, or [Child Placing agency], CPA including but not limited to the sponsoring church or religious organization; and*

*[(L)] “Other Support Staff” of a LERCF, LRCF, or Child Placing Agency include any individual who works for or performs services, including professional services, for the LERCF, LRCF, or Child Placing Agency, whether compensated or not. Other support staff may be employees and employees may be other support staff. For purposes of this regulation and any regulations implementing the background check requirements prescribed by section 210.493, RSMo. Other support staff who neither work in Missouri, nor perform services in Missouri, nor have access to children in Missouri, nor have access to a residential care facility in Missouri, and who are not otherwise required to successfully complete the background check process, are not required to complete the background check process requirements in their capacities as other support staff; and]*

*[(M)](J) “Volunteer” of an LERCF, LRCF, or [Child Placing Agency] CPA is any individual who performs a service for or on behalf of the LERCF, LRCF, or [Child Placing Agency] CPA of their own free will without obligation, or without any expectation of reward or compensation.*

(2) The background checks conducted pursuant to this regulation shall consist of the following:

(B) A search of the national **sex** offender registry conducted by the division; and

(6) Application Process.

(A) The applicant shall apply for background screening through the division’s online portal on forms promulgated by the division. The application forms and instructions are

incorporated by reference and made a part of this rule as published by the Department of Social Services, Children's Division, 205 Jefferson Street, 10th Floor, PO Box 88, Jefferson City, MO 65102, at its website at <https://www.dss.mo.gov/provider-services/children/residential-program/background-checks/.htm>], [October 1, 2021] April 23, 2024. This rule does not incorporate any subsequent amendments or additions. The applicant shall submit the completed application form and upload any supporting or supplemental forms and documentation through the division's online portal. The application must be signed by the applicant (e-signature is acceptable).

1. The applicant may apply to the division for permission to file the application and supporting documentation by mail or private delivery service rather than through the online portal when there are unusual, compelling, and extenuating circumstances which make filing the application through the online portal impossible. The applicant shall apply for permission to file the application form, supporting, or supplemental materials with the division in writing, and shall explain [the circumstances] why the applicant cannot submit the application through the online portal. A copy of the application forms for use in submitting application by mail is incorporated by reference and made a part of this rule as published by the Department of Social Services, Children's Division, 205 Jefferson Street, 10th Floor, PO Box 88, Jefferson City, MO 65102, at its website at <https://www.dss.mo.gov/provider-services/children/residential-program/background-checks/.htm>], [October 1, 2021] April 23, 2024. This rule does not incorporate any subsequent amendments or additions. Applicants may download a copy of the forms. The applicant shall attach all documentation that may be necessary to complete the required application. If the division grants permission under this section, the applicant may submit the form with supporting materials by mail, by private delivery service, or in person to the offices of the division at Children's Division, Attn: Background Screening Team, 205 Jefferson Street, 10th Floor, PO Box 88, Jefferson City, Missouri 65102; or by email at CDScreen@dss.mo.gov.

(B) The application shall contain all of the following information:

1. The applicant's current, full legal name, residence address, mailing address, business address, telephone number, and email address. The applicant's mailing address and email addresses shall be the applicant's address of record for purposes of this regulation;

2. The applicant's date of birth and full Social Security number;

3. Any other names or aliases that the applicant has used or been known by during the five- (5-) year period preceding the application;

4. Any other residence address, mailing address, county and state of residence, business address, telephone number, and email address that the applicant has had during the five-(5-) year period preceding the application; and

5. Whether the applicant is registered, or is required to be registered, on a state sex offender registry or repository or in the National Sex Offender Registry. If the applicant is so registered or required to be registered, the applicant shall provide the following additional information:

A. The national, federal, state, or local jurisdiction in which the applicant is registered or required to be registered;

B. The specific crime or offense for which the applicant is registered or required to be registered including—

(I) The date or approximate date that the crime or offense was committed;

(II) The statute or section number of the crime or offense;

(III) The name and address of the court where the case was adjudicated;

(IV) The case number; and

(V) The date of the plea, finding, judgment, or sentence;

6. Whether the applicant is listed as a perpetrator of child abuse or neglect under sections 210.109 to 210.183, RSMo, or any other finding of child abuse or neglect based on any other state's registry or database. In states where the official registry of substantiated findings of child abuse or neglect are made or kept by a county, this information must also be disclosed. If the applicant is listed, the applicant shall also provide—

A. The state or county registry or database in which the applicant is listed;

B. The specific finding(s) of the state or county agency and the conduct for which the applicant is listed, including—

(I) The date(s) of the conduct;

(II) The date the applicant was listed; and

(III) The name and address of the state or local government entity that maintains the list;

7. Whether the applicant has ever been found guilty of or pled guilty or *nolo contendere* to any crime or offense listed in section 210.493[. 11(5)], RSMo. If the applicant has ever been found guilty of or pled guilty or *nolo contendere* to any such crime or offense, the applicant shall also provide—

A. The national, federal, state, or local jurisdiction where the applicant was found guilty of or pled guilty or *nolo contendere*;

B. The specific crime or offense for which the applicant is registered or required to be registered, including—

(I) The date or approximate date that the crime or offense was committed;

(II) The statute or section number of the crime or offense;

(III) The name and address of the court where the case was adjudicated;

(IV) The case number; and

(V) The date of the plea, finding, judgment, or sentence;

8. Whether the applicant consents to the division notifying the LRCF, LERCF, or [Child Placing Agency] CPA of its decision on eligibility or ineligibility and/or sending a copy of its eligibility or ineligibility finding to the LRCF, LERCF, or [Child Placing Agency] CPA;

9. Whether the person is requesting a response and notice of final decision by first-class mail or by email;

10. The name and address of any LRCF, LERCF, or [Child Placing Agency] CPA that the applicant wishes the division to send a finding of eligibility or ineligibility to upon the completion of the background check process;

11. A fully completed and signed MOVECHS Waiver Agreement and Statement (SHP-981G) form. The completed and signed waiver form must be submitted with the application;

12. Acknowledg[e]ment and certification by the applicant, under penalty of perjury that all submitted information is true, accurate, and complete to the best of the applicant's knowledge[;], and the applicant understands that a knowing violation of section 210.493, RSMo, may constitute a criminal offense and knowingly making a materially false statement in connection with a background check shall render the applicant ineligible;

13. Any other information and documents that the applicant wishes the division to consider in making its decision about eligibility; and

14. An explanation of why the applicant is unable to provide any of the information that must be provided to support the application.

(H) Eligibility.

1. Preliminary Eligibility.

A. Upon receipt and review of a complete application[, and MOVECHS Waiver Agreement and Statement, the division may grant the applicant preliminary eligibility to commence employment, service, or presence at a LRCE, LERCE, or CPA for a period of thirty (30) days.

B. Within this thirty- (30-) day period, the division shall provide the applicant with a notice of withdrawal, provisional eligibility, final eligibility, or ineligibility.

C. Applicants granted preliminary eligibility shall be ineligible for employment, presence, or service after the thirty- (30-) day period unless they have received a notice of provisional or final eligibility.

D. Applicants granted preliminary eligibility shall not have access to children prior to receiving notice of provisional or final eligibility.

E. The division shall provide a notice of preliminary eligibility to the applicant and any LRCE, LERCE, or CPA designated by the applicant.

2. Provisional Eligibility.

A. Upon receipt and review of a complete application[, and MOVECHS Waiver Agreement and Statement, the division may grant the applicant provisional eligibility to commence employment, service, or presence at a LRCE, LERCE, or CPA if the applicant has complied with all steps necessary for the division to obtain background check results, but—

(I) The division is still awaiting results from a state child abuse and neglect registry and database;

(II) The applicant is unable to timely register with the Family Care Safety Registry due to no fault of the applicant; or

(III) The division cannot timely complete the background check process for other reasons beyond the control of the applicant.

3. Final Eligibility.

A. Upon receipt and review of a complete application, [and] MOVECHS Waiver Agreement and Statement and the applicant's complete background check results, the division will notify the applicant of eligibility or ineligibility.

B. The final eligibility notice will indicate whether the applicant is eligible or ineligible for employment, service, or presence at the LRCE, LERCE, or CPA.

C. The final eligibility notice will advise the applicant of the applicant's right to request administrative [review and] appeal of the decision and the process for requesting administrative [review or] appeal.

D. The final eligibility notice will advise the applicant of the applicant's responsibility to notify the division, LRCE, LERCE, or CPA of any event which would impact the applicant's eligibility as provided in this regulation.

(8) Notice and Communications. The division will send all communications and notices pertaining to an application and request for administrative [review or] appeal by first-class mail unless the applicant or entity requesting administrative [review or] appeal affirmatively notifies the division, in writing, that the applicant or person would like to receive communications by email and provides the division with the email address. It is the responsibility of the applicant or person to notify the division of any change in the applicant's or person's contact information. All notices shall be sent to the address or email address of record, and all correspondence

sent to that address shall be deemed received and sufficient service for all purposes.

(10) Continuing Obligation to Notify and Expiration of Determination.

(A) The division's decision of eligibility or ineligibility shall be based upon the information that the division receives through the background check process, and any additional information that may be made available to the division during administrative [review and] appeal.

(12) Administrative [Review and] Appeal Procedure.

(A) The decision of the division shall be final unless the applicant or person who is aggrieved by a decision of the division under this regulation files a request for administrative [review] appeal of the decision within fourteen (14) days of the mailing of the decision. Any request for administrative [review] appeal that the division receives after the deadline is untimely and will not be subject to further administrative [review or] appeal.

[(B) Administrative Review.

1. A request for administrative review shall be made in writing, either on a form provided by the division or by letter. The division will publish a form on its website. The request for administrative review shall—

A. Include the name, address, telephone number, and email address of the person requesting administrative review;

B. State whether the division should provide the response and notice of final decision by first-class mail or by email;

C. Identify the decision the requestor wishes to be reviewed, the specific reasons the requestor believes the division's decision is erroneous, and why the requestor is aggrieved by the decision;

D. Include copies of any relevant documents, materials, or information that the requestor wishes to submit in support of the administrative review request; and

E. State whether the person requests that the review be considered on the basis of the materials submitted or whether the person requests a conference. If the person requests a review conference, then the person shall also provide dates and times within the next thirty (30) days when the person may be available and the reasons why the administrative review cannot be processed on the basis of the materials presented.

2. The request for administrative review shall be submitted to the division by certified first-class mail through the United States Postal Service return receipt requested to the address specified on the notice of ineligibility or submitted electronically by email to the division to the email address specified in the notice of ineligibility.

3. The administrative review shall be conducted and decided based upon the written materials submitted to the division and any information and materials presented at a review conference. The division will provide a review conference upon written request.

4. The review conference may take place by telephone conference call, video conference, or in-person meeting.

5. The administrative review process shall be informal. The rules of evidence shall not apply. There is no right to conduct discovery. There shall be no right to compel the production of witnesses or evidence by subpoena or otherwise.

6. The administrative review shall be conducted by an individual designated by the director of the department or the division, who may be an employee of the division or the department. However, the individual shall not have been involved in making the decision which is subject to review.

7. The individual conducting the administrative review shall



conduct the administrative review and render a written decision no later than thirty (30) days from the date that the division received the request for administrative review.

8. The decision upon administrative review shall be the final decision of the department as to any person that is not an applicant.]

[(C)](B) Appeal.

1. Any applicant who is aggrieved by a decision [upon administrative review] finding the applicant ineligible shall have the right to appeal the decision to the Administrative Hearings Unit of the Division of Legal Services of the Department of Social Services. The applicant shall submit a notice of appeal to the division[,] within fourteen (14) days of the date of the [administrative review decision] notice of ineligibility, by certified first-class mail through the United States Postal Service return receipt requested to the address specified on the notice of ineligibility or submitted electronically by email to the division to the email address specified in the notice of [decision upon administrative review] ineligibility. The division must receive the notice of appeal within fourteen (14) days of the date of the decision. Any notice of appeal that is received after the deadline is untimely and the appeal will be dismissed. [Completion of the administrative review process is a condition precedent to the applicant's right to appeal.]

2. The parties to the appeal shall be the division and the applicant.

3. All appeals shall be processed and decided by a hearing officer from the Administrative Hearings Unit of the Division of Legal Services of the Department of Social Services. The decision of the hearing officer shall be the final decision of the department.

4. The following evidence shall be admitted and considered by the hearing officer on appeal as provided in this section without further foundation:

A. A copy of the application form and all supporting documentation;

B. A copy of the record of the court establishing that the applicant pled guilty or *nolo contendere* or has been found guilty of a crime or offense listed in 210.493, RSMo;

C. A copy of a letter or official communication from the applicable state, county, or local government agency stating that the applicant is listed as a perpetrator of child abuse or neglect in the state, county, or local government agency's registry or database of perpetrators of child abuse or neglect;

D. A copy of the report of the fingerprint-based background check conducted pursuant to section (3) of this regulation; and

E. A copy of a letter, official communication, or a print out of the applicable page of the National Sex Offender Registry or state sex offender registry.

5. The applicant or division may object to the hearing officer considering the information outlined in this regulation. The burden shall be on the objecting party to establish that the items of evidence shall not be considered by the hearing officer.

6. The hearings held under this section shall be informal, but they shall be held on the record and testimony will be adduced under oath. The rules of evidence do not apply. The applicant may be represented by an attorney.

7. Upon written request the division will provide the applicant with a copy of the fingerprint-based state and FBI background check.

8. The hearing shall not be an opportunity to collaterally attack or relitigate the validity of the underlying plea of guilt, plea of *nolo contendere*, or the underlying finding of child

abuse, neglect, or maltreatment by the applicable state or local agency, or the accuracy of information in the federal, state, or local registry or repository.

9. The hearing shall be based upon the written submissions of the parties unless the applicant or the division requests a hearing by video or teleconference. The hearing officer may hold an in-person hearing only upon a showing that an in-person hearing is necessary to accommodate a special need of an applicant or the division.

10. The hearing officer shall issue a decision in writing, which will be sent by first-class mail (or by email at the election of the applicant) to the applicant at the applicant's address of record. If the applicant is represented by an attorney, the decision will be sent to the applicant's attorney. The written decision of the hearing officer shall be the final decision of the department.

[(D)](C) Judicial Review.

1. Any applicant aggrieved by the final decision of the department after appeal may seek judicial review as provided in section 536.150, RSMo.

2. Any person who is not an applicant who is aggrieved by the final decision of the department after administrative review may seek judicial review as provided in section 536.150, RSMo.

*AUTHORITY: sections 207.020 and 660.017, RSMo 2016, and sections 210.493 and 210.1286, RSMo Supp. 2023. Emergency rule filed Sept. 17, 2021, effective Oct. 1, 2021, expired March 29, 2022. Original rule filed Sept. 17, 2021, effective March 30, 2022. Emergency amendment filed May 30, 2023, effective June 13, 2023, expired Dec. 9, 2023. Amended: Filed May 30, 2023, effective Dec. 30, 2023. Amended: Filed April 23, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

## TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

### Division 35 – Children's Division

### Chapter 71 – Rules for Residential Treatment

### Agencies for Children and Youth

#### PROPOSED AMENDMENT

**13 CSR 35-71.300 Notification Requirements for License-Exempt Residential Care Facilities.** The division is amending subsection (5)(D).

*PURPOSE: The amendment removes outdated information and an unnecessary procedure.*

(5) Notification Procedures.

(D) The notification shall contain the information required

in this subsection and otherwise in this regulation.

1. The LERCF shall list its full name, street address, mailing addresses, email address, and phone number. The mailing [address] and email addresses shall be the addresses of record of the LERCF and all official correspondence to the LERCF will be sent to the mailing or email address on record.

2. The LERCF shall identify the name of the director, owner, operator, all staff members, volunteers, and any individual eighteen (18) years of age or older who resides at or on the property of the LERCF. The LERCF shall provide the name, street address, physical and electronic mailing addresses, and phone number of the director or director's designee who will serve as the point of contact between the division and the LERCF.

3. The LERCF shall provide a full description of the agency or organization operating the LERCF, including a statement as to whether the agency or organization is incorporated.

A. The description of the agency or organization shall specify the type of agency or organization.

B. If the agency or organization is incorporated then the LERCF shall provide the state in which the LERCF was incorporated and the corporate name of the LERCF.

4. The LERCF shall identify the name and address of the sponsoring organization of the residential care facility, if applicable.

5. The LERCF shall identify the school or schools attended by the children served by the residential care facility. The LERCF shall list the name and address of each school.

6. Fire and safety inspection certificates.

A. The LERCF shall include with the notification a copy of any and all fire and safety inspection certificates required by law in the jurisdiction where the LERCF operates, and shall indicate the date of the inspection and the date that each certificate expires, if any. If the LERCF operates in more than one (1) county or local jurisdiction then the LERCF shall submit the required certificates for each facility at each location. The LERCF shall indicate the date of the inspection and the date that each certificate expires, if applicable.

B. LERCFs operating in jurisdictions where there are no required fire and safety inspections shall include a statement to that effect in the notification form.

C. If the LERCF is unable, after exercising diligent efforts, and due to no fault of its own, to obtain fire and safety inspection certificates in jurisdictions where such certificates are required by state law or local ordinance, then the LERCF shall submit a statement describing the efforts made to obtain the certificate(s) and the reason why the LERCF was unable to obtain the certificate. The LERCF shall attach copies of any correspondence from any state, county, or local jurisdictions declining to conduct the inspection when available.

7. Local health department inspection certificates.

A. The LERCF shall include with the notification a copy of any and all state or local health department inspection certificates required in the jurisdiction in which the facility operates. If the LERCF operates in more than one (1) county or local jurisdiction, then the LERCF shall obtain the required certificates for each facility at each location. The LERCF shall indicate the date of the inspection and the date that each certificate expires, if any.

B. LERCFs operating in jurisdictions where there are no required local or county government health department inspections shall include a statement to that effect in the notification form.

C. If the LERCF is unable, after exercising diligent efforts, and due to no fault of its own, to obtain any required local health department inspection certificates in jurisdictions

where such certificates are required by state law or local ordinance, then the LERCF shall submit a statement describing the efforts made to obtain the certificate(s) and the reason why the LERCF was unable to obtain the certificate. The LERCF shall attach copies of any correspondence from any state, county, or local jurisdictions declining to conduct the inspection when available.

8. Proof that medical records are maintained for each child.

A. The division will accept a written attestation, made under oath, subject to penalty of perjury, and executed by the director of the LERCF, that the LERCF actually maintains medical records for each child served by the LERCF according to the written policy of the LERCF, which shall be attached to the attestation.

[B. The LERCF shall provide the division access to the facility upon request to inspect the medical records maintained by the LERCF on the children served by the LERCF in order to verify that the medical records are being kept. The division will request access to this information only when the division has reasonable basis to believe that the LERCF is not maintaining records for any child as required by law.]

9. Background [C]check completion/eligibility. The director of the LERCF, or his or her authorized designee, shall certify, under oath subject to the penalties of perjury that all individuals who are required to complete a background check have successfully completed the background check[s] and have been found eligible for employment or presence at the LERCF pursuant to section 210.493, RSMo, and 13 CSR 35-71.015.

A. Phase-in period for LERCFs in operation as of July 14, 2021. For all original notifications submitted by LERCFs which were both in operation and had children in its facility as of July 14, 2021, the division will accept a written certification from the director of the LERCF that all individuals who are required to submit to a background check pursuant to section 210.493, RSMo, and 13 CSR 35-71.015 either have completed the background check requirements or will have successfully completed the background check by the end of the phase-in period. Upon completion of this process the director or the director's designee shall provide written or electronic notice to the division certifying that the background check process for these individuals has been successfully completed. The division may extend this period for up to an additional one hundred twenty (120) days if the LERCF establishes, in writing, that it is unable to successfully complete the process by the deadline.

*AUTHORITY: sections 207.020 and 660.017, RSMo 2016, and sections 210.493 and 210.1286, RSMo Supp. [2021] 2023. Emergency rule filed Sept. 17, 2021, effective Oct. 1, 2021, expired March 29, 2022. Original rule filed Sept. 17, 2021, effective March 30, 2022. Amended: Filed April 23, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this*



notice in the *Missouri Register*. No public hearing is scheduled.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES**  
**Division 70 – MO HealthNet Division**  
**Chapter 3 – Conditions of Provider Participation,**  
**Reimbursement, and Procedure of General**  
**Applicability**

**PROPOSED AMENDMENT**

**13 CSR 70-3.320 Electronic Visit Verification (EVV).** The department is amending sections (1)–(3).

*PURPOSE:* This amendment adds requirements to utilize EVV for Medicaid Home Health Agency Services. It also clarifies the frequency in which the visits are to be sent to the EVV aggregator solution.

(1) Definitions.

(A) “Agency Model Services” shall mean a service delivery option in which a [contracted] MO HealthNet-enrolled agency directs service delivery.

(C) “Direct Care Worker” shall mean the individual providing the Medicaid-funded services to the MO HealthNet participant, either through an agency-based or self-directed model, or through a home health agency.

(D) “Electronic Visit Verification (EVV)” shall mean electronic technology used for the purpose of recording the date, location, begin time, end time, type of service, and any related tasks or memos. EVV also verifies the identity of the MO HealthNet participant and direct care worker in relation to Medicaid-funded services authorized by the Department of Health and Senior Services [(DHSS)] or the Department of Mental Health [(DMH)], or services provided through a home health agency.

[(F) “MO HealthNet Participant” shall mean an individual who the Family Support Division has determined eligible for MO HealthNet benefits who is receiving Medicaid funded services authorized by the Department of Health and Senior Services or the Department of Mental Health.

(G) “Fiscal Agent” shall mean a person or entity that provides financial management services to a self-directed employer.

[(H) “Manual Visit Entry” shall mean the entry of a paper record, used in exigent circumstances for a provider visit to a participant, into the EVV solution. The paper record shall be maintained by the provider agency and made available upon request from state agency.

(I) “Provider Agency” shall mean an agency authorized to deliver Medicaid funded services or other Medicaid funded services as defined in this rule, or a fiscal agent, as authorized by the Department of Health and Senior Services or the Department of Mental Health.

(J) “Reason Codes” shall mean codes established by electronic visit verification vendors and utilized by personal care service providers to explain a manual visit entry/edit or an acknowledgement of exception; passed along to aggregator solution.

(K) “Self-Directed Services” shall mean a service delivery option in which a MO HealthNet participant employs a direct care worker and directs delivery of service themselves.

(L) “Services” shall mean all Medicaid-funded services, as identified by procedure code, or other service required by the state to use EVV including:

1. Advanced Personal Care;

2. Chore Services;
3. Consumer-Directed/Self-Directed Personal Care;
4. Homemaker Services;
5. In-Home Respite authorized by the Department of Health and Senior Services;
6. Personal Care;
7. Any of the above services reimbursed by a managed care organization; and
8. Any services where federal or state statute or rule requires EVV, but not specifically listed above.

(M) “Task” shall mean, as applicable, description of a service or services including, but not limited to, tasks authorized on the care plan.

(F) “Fiscal Agent” shall mean a person or entity that provides financial management services to a self-directed employer.

(G) “Home Health Care Services” shall mean services provided by a MO HealthNet-enrolled, state-licensed, and Medicare-certified home health agency.

(H) “Manual Visit Entry” shall mean any entry that is not made at the time of the visit or any entry that is modified after the original submission to the EVV system.

(I) “Memo” shall mean documentation clarifying services provided during the visit.

(J) “MO HealthNet Participant” shall mean an individual who the Family Support Division has determined eligible for MO HealthNet benefits who is receiving Medicaid-funded services authorized by the Department of Health and Senior Services, the Department of Mental Health, or through a home health agency.

(K) “Provider Agency” shall mean a MO HealthNet-enrolled agency authorized to deliver Medicaid-funded services as defined in this rule or a state-designated fiscal agent.

(L) “Reason Codes” shall mean codes established by the MO HealthNet Division to be utilized by electronic visit verification vendors to explain a manual visit entry/edit or an acknowledgement of exception; passed along to aggregator solution.

(M) “Self-Directed Services” shall mean a service delivery option in which a MO HealthNet participant employs a direct care worker and directs delivery of service themselves.

(N) “Services” shall mean Medicaid-funded services, as identified by procedure code, or other service required by the state to use EVV including –

1. Consumer-directed/self-directed personal care;
2. Home health agency services;
3. Homemaker services/chore services;
4. In-home respite authorized by the Department of Health and Senior Services;
5. Personal care/advanced personal care;
6. Any of the above services reimbursed by a managed care organization; and
7. Any services where federal or state statute or rule requires EVV, but not specifically listed above.

(O) “Task” shall mean, as applicable, description of a service or services including but not limited to tasks authorized on the care plan.

(2) Provider Agency Responsibilities regarding Electronic Visit Verification.

(B) Provider agencies and self-directed fiscal agents who deliver or administer services through Medicaid funding shall utilize EVV and shall use the procedure code and associated modifiers for all visits. EVV requirements are applicable to

services authorized through the Department of Health and Senior Services and the Department of Mental Health **as well as home health agency services.**

(C) EVV requirements do not apply to the following services:

1. *[Authorized Nurse Visits]* **Adult day care;**
2. *[Private Duty Nursing]* **Authorized nurse visits;**
3. *[Provider Reassessments]* **Hospice;**
4. *[Assisting individuals with their necessary daily needs during delivery of other DMH Home and Community Based Services (HCBS) waiver services; or]* **Private duty nursing;**
5. *[Services provided in a residential/group setting.]* **Provider reassessments;**
6. **Structured family caregiving;**
7. **Assisting individuals with their necessary daily needs during delivery of other Department of Mental Health Home and Community Based Services;**
8. **Services provided in a residential/group setting; or**
9. **Supplies provided by a home health agency.**

(E) Provider agencies must work with MO HealthNet participants to identify the *[provider's chosen]* EVV solution that best accommodates the participant's individual needs. *[Documentation of any concern or barrier regarding a specific form of EVV shall be reported to DHSS and/or DMH as]* **A participant's refusal to utilize EVV for services authorized by the Department of Health and Senior Services or the Department of Mental Health must be reported to the authorizing agency.**

(F) Provider agencies shall identify all direct care workers by entering the caregiver's respective Family Care Safety Registrant number as assigned per 19 CSR 30-80.010 to 19 CSR 30-80.040.

(G) Manual visit entry shall be utilized only when the EVV system is unavailable or when exigent circumstances, documented by the provider agency, make usage of the system impossible or impractical. Justification documentation must support any instance of human error and such errors must be readily identifiable. Repeated instances of human error are subject to audit. The provider agency shall enter justification documentation into the EVV system, which may include an editor program. Information shall include the date and time of the manual entry, the reason for the entry, and the identification of the person making the entry. **Manual call-in and/or call-out entries shall not be created by the direct care worker and/or participant that generated the original visit entry; they should be created by a provider agency supervisor or administrator.** The provider agency must pass a manual entry indicator and reason for manual entry to the aggregator solution within documentation time frames established by the Missouri Medicaid Audit and Compliance Unit.

(H) Any adjustment or exception requires the provider agency to enter justification documentation into the EVV system, which may include an editor program, within documentation time frame requirements established by *[13 CSR 70-3.030(3)(A)38.] 13 CSR 70-3.030(3)(A)16.* Information must include the date and time of the entry and/or update, the reason for the entry and/or update, and the identification of the person making the entry and/or update.

(J) All provider agencies must interface EVV data **via their EVV vendor** with *[an]* the aggregator solution designated by the Department of Social Services *[(DSS)]* in a format **specified by the Department of Social Services** and at a frequency *[specified by DSS]* of **at least once daily for all days that EVV services are provided.**

(K) All provider agencies must **log in to the aggregator solution upon initial connection and at a minimum of once**

**weekly thereafter, to ensure capture, full functionality, and accuracy of visit data.**

(L) All provider agencies must report replacement of their contracted EVV vendor to the Missouri Medicaid Audit and Compliance Unit via the standard reporting process as defined by the Missouri Medicaid Audit and Compliance Unit within thirty (30) days of the effective date.

(3) Electronic Visit Verification Vendor Responsibilities upon Implementation of an Aggregator Solution.

(A) Pursuant to this rule, the *[DSS]* **Department of Social Services** or its designee must approve the EVV system utilized by a provider agency. In order to be approved, the EVV system must have a primary, secure method for collecting visit data through use of one (1) or more of the following:

1. Location technologies, including but not limited to Global Positioning System (GPS);
2. Telephony (if utilized, the telephone number from which the call is placed is used in lieu of GPS coordinates and must be a telephone number from an established landline in the participant's place of residence. **The utilization of any call-forwarding technology is not authorized;**
3. Fixed devices placed in the home of the MO HealthNet participant which generate a one- (1-) time password or code;
4. Biometric recognition; or
5. Alternative technology that meets the requirements of this rule.

(B) The EVV vendor must *[register with the Missouri Medicaid Audit and Compliance Unit]* **successfully complete interface testing with the aggregator solution** and be approved by the Department of Social Services or its designee pursuant to this rule.

*[(C) The aggregator solution vendor must certify the EVV vendor has successfully interfaced and has the ability to securely exchange required data with the aggregator solution before DSS can grant approval for registration.*

*(D) Any cost related to development, modification, or testing of EVV systems shall be the responsibility of the EVV vendor.*

*(E) In the event of modifications of the state's requirements or policies affecting the electronic collection of visit data, EVV vendors must update systems as necessary and, in a timeframe determined by the state.*

*(F) The DSS may require reapproval of any qualifying EVV system in circumstances including, but not limited to, a change in data requirements that must be transmitted to the aggregator component or failure to maintain compliance with the department's requirements. Any cost related to retesting or reapproval shall be the responsibility of the EVV vendor.*

*(G) EVV vendors must provide the training necessary for provider agency staff to fully utilize the capabilities of the EVV system. Additionally, the EVV vendor must provide support for the system during standard business hours (8:00 am to 5:00 pm Central Time Zone) at a minimum.*

*(H) EVV vendors shall successfully complete all training required by the aggregator system before being registered as a qualifying EVV vendor.*

*(I) EVV systems shall have a minimum of two (2) forms of recording visit data, one (1) of which must be manual visit entry. Manual visit entry shall not be considered the primary means of recording visit data and shall only be used in the event of human error, natural disaster, system failure, or when all other forms of entry have been exhausted or are unavailable.*

*(J) When employing any form of EVV aside from the use of a designated landline telephone or a fixed object in the MO HealthNet participant's home, the EVV system must use*

location technologies to record the location of the direct care worker at the start and stop of service delivery.

(K) For situations in which the provider agency's EVV system does not provide adequate network capacity, the EVV system shall have the ability to enter visit information in an offline mode and upload upon accessing network connectivity.

(L) At a minimum, the EVV system shall meet the following requirements:

1. Record the type of service performed through collection of the designated procedure code and associated modifiers, including individual tasks as authorized or progress notes dependent on requirements of the authorizing program;

2. Document and verify the MO HealthNet participant's identity, either by a unique number assigned to the MO HealthNet participant, biometric recognition, or through alternative technology;

3. Document and verify the direct care worker by the collection of the Family Care Safety Registrant number as assigned per 19 CSR 30-80;

4. Document the date of services delivered;

5. Document the time services begin to the minute;

6. Document the time services end to the minute; and

7. Document the location in which the services began and ended.

(M) In addition, the EVV system must demonstrate the following requirements are met:

1. Accept and update the plan of care as entered or modified by DHSS or DMH;

2. Allow for an unlimited number of service codes and tasks to be available for selection as approved by DHSS or DMH;

3. Allow for direct care workers to access the same MO HealthNet participant record for verification of service delivery more than once in a twenty-four- (24-) hour period;

4. Allow for multiple service delivery locations for each MO HealthNet participant, including multiple locations in a single visit;

5. Accommodate more than one (1) MO HealthNet participant and/or direct care worker in the same home or at the same phone number;

6. Document the delivery of multiple types of services during a single visit;

7. Maintain a reliable backup and recovery process to ensure that the EVV system preserves all data in the event of a system malfunction or disaster;

8. Be capable of retrieving current and archived data to produce reports of services and tasks delivered, MO HealthNet participant identity, Direct Care Worker identity, begin and end time of services, begin and end location of service delivery, and dates of service in summary fashion that constitutes adequate documentation of services delivered;

9. Allow for manual entry with required justification including a reason for the manual entry with the reason code and manual entry indicator passed to the aggregator solution;

10. Be capable of creating an exception when the direct care worker accesses the system from a location other than the authorized service location; and

11. Retain all data regarding the delivery of services as required by law, but at a minimum of six (6) years from the date of service. Fiscal and medical records shall coincide with and fully document services billed to the MO HealthNet agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, or retain adequate documentation for services billed to the MO HealthNet program, as specified above, is a violation of this regulation.

(N) Nothing in this rule shall limit the provider agency's ability to accrue partial units pursuant to 13 CSR 70-91.010.

(O) EVV systems shall be capable of producing reimbursement requests for participant approval that ensure accuracy and compliance with program expectations of both the participant and the provider agency.

(P) Reports from the EVV system are subject to review and audit by the Departments of Social Services, Health and Senior Services, Mental Health, or any federal agency, or their designee.]

(C) Any cost related to development, modification, or testing of EVV systems shall be the responsibility of the EVV vendor.

(D) In the event of modifications of the state's requirements or policies affecting the electronic collection of visit data, EVV vendors must update systems as necessary and, in a time frame determined by the state.

(E) The Department of Social Services may require reapproval of any qualifying EVV system in circumstances including but not limited to a change in data requirements that must be transmitted to the aggregator component or failure to maintain compliance with the department's requirements. Any cost related to retesting or reapproval shall be the responsibility of the EVV vendor. EVV vendors who fail to maintain continued compliance with EVV requirements are subject to removal from the list of qualifying vendors at the discretion of the state.

(F) EVV vendors must provide the training necessary for provider agency staff to fully utilize the capabilities of the EVV system. Additionally, the EVV vendor must provide support for the system during standard business hours (8 a.m. to 5 p.m. Central Time Zone) at a minimum.

(G) EVV vendors must send data to the aggregator solution at a minimum of once daily for all dates that visit data is captured by their provider agencies.

(H) EVV vendors must allow for manual entry or adjustment to visit data with required justification including the applicable reason code, the date and time of the entry, and the identification of the person making the entry. These visits must be sent to the aggregator with original and adjusted data.

(I) EVV systems must allow for manual entry into the EVV system in the event of human error, natural disaster, system failure, or when all other forms of entry have been exhausted or are unavailable.

(J) When employing any form of EVV aside from the use of a designated landline telephone or a fixed object in the MO HealthNet participant's home, the EVV system must use location technologies to record the location of the direct care worker at the start and stop of service delivery.

(K) For situations in which the provider agency's EVV system does not provide adequate network capacity, the EVV system shall have the ability to enter visit information in an offline mode and upload upon accessing network connectivity.

(L) At a minimum, the EVV system shall meet the following requirements:

1. Record the type of service performed through collection of the designated procedure code and associated modifiers, including, when required, individual tasks as authorized or a memo;

2. Document and verify the MO HealthNet participant's identity, either by a unique number assigned to the MO HealthNet participant, biometric recognition, or through alternative technology;

3. Document and verify the direct care worker by the



collection of the Family Care Safety Registrant number as assigned per 19 CSR 30-80.010 to 19 CSR 30-80.040;

4. Document the date of services delivered;
5. Document the time services begin to the minute;
6. Document the time services end to the minute; and
7. Document the location in which the services began and ended and identify services provided outside the authorized delivery area.

(M) In addition, the EVV system must demonstrate the following requirements are met:

1. Allow for an unlimited number of service codes and tasks to be available for selection as approved by Department of Social Services;

2. Allow for entry of free text memo field for supporting documentation. Field must meet aggregator solution criteria and be available for viewing by end users;

3. Allow for direct care workers to access the same MO HealthNet participant record for verification of service delivery more than once in a twenty-four (24) hour period;

4. Allow for multiple service delivery locations for each MO HealthNet participant, including multiple locations in a single visit;

5. Accommodate more than one (1) MO HealthNet participant and/or direct care worker in the same home or at the same phone number;

6. Document the delivery of multiple types of services during a single visit without impacting the integrity of the visit;

7. Maintain a reliable backup and recovery process to ensure that the EVV system preserves all data in the event of a system malfunction or disaster;

8. Be capable of retrieving current and archived data to produce reports of services and tasks delivered, memos related to service delivery, MO HealthNet participant identity, direct care worker identity, begin and end time of service delivery, begin and end location of service delivery, and dates of service in summary fashion that constitutes adequate documentation of services delivered;

9. Be capable of identifying visits that do not contain all required data elements. These visits must be sent to the aggregator with original and adjusted data; and

10. Retain all data regarding the delivery of services a minimum of six (6) years as required by 13 CSR 70-3.030(3) (A)16.F. Fiscal and medical records shall coincide with and fully document services billed to the MO HealthNet agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, or retain adequate documentation for services billed to the MO HealthNet program, as specified above, is a violation of this regulation.

(N) Nothing in this rule shall limit the provider agency's ability to accrue partial units pursuant to 13 CSR 70-91.010.

(O) Reports from the EVV system are subject to review and audit by the Departments of Social Services, Health and Senior Services, Mental Health, or any federal agency, or their designee.

*Department of Social Services, MO HealthNet Division, has been approved for an enhanced match of ninety percent (90%) for implementation of home health agency services within the aggregator solution.*

*PRIVATE COST: This proposed amendment will cost private entities between ten and thirty dollars (\$10 and \$30) per participant per month. Assuming both high and low end options, the Department of Social Services, MO HealthNet Division, estimates the average price per participant is twenty dollars (\$20) monthly or two hundred forty dollars (\$240) annually. The estimated number of participants per month is five hundred fifty-six (556) multiplied by two hundred forty dollars (\$240) per year for a cost of one hundred thirty-three thousand four hundred forty dollars (\$133,440) per year to private entities.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016. Original rule filed July 9, 2020, effective Jan. 30, 2021. Amended: Filed May 23, 2022, effective Nov. 30, 2022. Amended: Filed April 23, 2024.*

*PUBLIC COST: This proposed amendment cost to add home health agency services to the electronic visit verification aggregator solution is one hundred ninety-four thousand nine hundred ninety-nine dollars (\$194,999 (\$19,500GR/\$175,499Fed)). The*

**FISCAL NOTE  
PUBLIC COST**

- I.**     **Department Title:**   13 Social Services  
         **Division Title:**     70 [MO HealthNet Division]  
         **Chapter Title:**     3 [Conditions of Provider Participation, Reimbursement and  
                                  Procedure of General Applicability]

<b>Rule Number and Name:</b>	13 CSR 70-3.320 Electronic Visit Verification
<b>Type of Rulemaking:</b>	Proposed Amendment

**II.     SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Cost of Compliance in the Aggregate</b>
<b>Department of Social Services</b>	<b>\$194,999 (\$19,500 GR/\$175,499 Fed)</b>
<b>Department of Health and Senior Services</b>	<b>\$0</b>
<b>Department of Mental Health</b>	<b>\$0</b>

**III.    WORKSHEET**

The cost of adding Home Health Care Services to the Electronic Visit Verification Aggregator Solution is \$194,999. MHD has been approved for an enhanced match of 90% for implementation of HHCS within the aggregator solution.

**IV.    ASSUMPTIONS**

This rule is a result of a federal mandate to implement Electronic Visit Verification (EVV) for all home health care services statewide. The aggregator solution is required in order to monitor EVV utilization as well as to identify trends and concerns. If not implemented, the State will lose federal match on all home health care services delivered through the Medicaid program.



**FISCAL NOTE  
PRIVATE COST**

**Department Title:** Title 13 – Social Services  
**Division Title:** Division 70 – MO HealthNet Division  
**Chapter Title:** Chapter 3 – Conditions of Provider Participation, Reimbursement  
and Procedure of General Applicability

<b>Rule Number and Title:</b>	13 CSR 70-3.320 Electronic Visit Verification
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
103	Home Health Care Service Providers	\$133,440

**III. WORKSHEET**

Estimate Cost per month: 556 participant x \$240 per year = \$133,440

Estimated number of participants per month 556, is based on the average for a six month period May 2022 to October 2022. This time period was chosen based on claims run out of one year prior to program implementation date for home health care services.

**IV. ASSUMPTIONS**

The cost of compliance is challenging to determine as it varies greatly based upon the complexity of the system, the size of the provider agency, and other factors. Using information gathered from multiple EVV vendors, the cost may vary from \$10 - \$30 monthly dependent upon the system. Assuming both high and low end options, MO HealthNet estimates that the average price per participant is \$20 monthly or \$240 annually.

This rule is a result of a federal mandate to implement Electronic Visit Verification (EVV) for all home health services statewide. The aggregator solution is required in order to monitor EVV utilization as well as to identify trends and concerns. If not implemented, the State will lose federal match on all home health services delivered through the Medicaid program.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES**  
**Division 70 – MO HealthNet Division**  
**Chapter 94 – Rural Health Clinic Program**

**PROPOSED RULE**

**13 CSR 70-94.030 Transformation of Rural Community Health (ToRCH)**

*PURPOSE: This rule establishes the Transformation of Rural Community Health (ToRCH) program. The purpose of ToRCH is to direct new resources to rural communities that commit to addressing social conditions that lead to poor health.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) This rule implements the Transformation of Rural Community Health (ToRCH) program. ToRCH is a hub-based model that is designed to allow rural communities to have the flexibility to address health-related social needs (HRSN) among their MO HealthNet populations in a manner that focuses on improving health outcomes. ToRCH will integrate social care supports into clinical care, so that clinical outcomes are less likely to be compromised by social challenges. ToRCH will also create a new role for rural health care providers, and a new path to sustainability for these providers.

(2) Definitions. For purposes of this rule, the following words and phrases are defined as follows:

(A) "Community" shall mean a county or group of counties considered by the ToRCH entity as its core service region, and for whose health outcomes the leadership board will be held accountable;

(B) "Community Based Organization (CBO)" shall mean a public or private not-for-profit entity that provides specific services or resources to the community or targeted population within the community;

(C) "Community Health Needs Assessment" shall mean a community-wide assessment that identifies key health needs and issues through systemic, comprehensive data collection and analysis;

(D) "Health-related social needs (HRSN)" shall mean an individual's unmet, adverse social conditions that contribute to poor health. These needs can include, but are not limited to –

1. Food insecurity;
2. Housing instability;
3. Unemployment or under-employment; or
4. A lack of reliable transportation;

(E) "Rural community health hub" shall mean a partnership among the ToRCH entity, primary care, behavioral health, and community-based organizations, to provide community-level care management services, including but not limited to strategic coordination of community-based services; and

(F) "ToRCH entity" shall mean the leader of a rural community health hub that will provide community-level care management services, i.e., strategic coordination of

community-based services that primary care partners are then able to utilize in a systematic way to more fully achieve the goals of primary care case management on an individual patient level. A ToRCH entity shall be located in a county deemed eligible for rural-targeted funding by the Federal Office of Rural Health Policy.

(3) ToRCH entities shall provide primary care case management (PCCM) services as defined at 42 U.S.C. section 1396d(t), as well as utilize a waiver under The Social Security Act, section 1915(b), to address HRSN at a rural community level. This includes but is not limited to –

(A) The strategic coordination of community-based services to allow primary care providers to utilize these services in a systematic way to more fully support positive health outcomes on the individual patient level;

(B) Engaging Community Base Organization (CBO) partners to participate in a Community Information Exchange (CIE) platform.

1. The purpose of the CIE platform is, in part, to allow ToRCH entities to locate HRSN services that case managers and other screening providers can use to better coordinate HRSN services across multiple CBOs, and to monitor enrolled participants in need of these services; and

(C) Paying for HRSN services that correlate with better health outcomes and reductions in health care spending.

(4) ToRCH entity selection criteria.

(A) A ToRCH entity shall be located in a county deemed eligible for rural-targeted funding by the Federal Office of Rural Health Policy.

(B) A ToRCH entity shall be a hospital, a federally qualified health center, a rural health clinic, or a local public health agency.

(C) A prospective ToRCH entity shall submit a Preparation, Approach, and Implementation Plan based on the following criteria:

1. Provide a well thought-out plan for the creation of a Leadership Board to oversee and administer all aspects of the ToRCH model at the rural community level.

A. This plan shall identify the organizations and the individuals who the provider intends to participate in the Leadership Board.

B. The Leadership Board shall include hospital leaders necessary to successfully administer the program, as approved by the division.

C. The Leadership Board shall consist of organizations across all domains (hospital, primary care, behavioral health, local public health agency (LPHA), and social care organizations).

D. The Leadership Board shall have a defined structure that includes voting policies for decisions related to ToRCH, defined meeting frequency, recording of minutes, and other procedures common to similar types of bodies.

E. The purpose of the Leadership Board shall be to harness the members' knowledge of their community and their clinical expertise to strategically focus on HRSN services likely to have the greatest influence on hospital outcomes and population health;

2. Provide a list of existing and potential partners with strong letters of support from at least one (1) from each domain: primary care, behavioral health, CBOs, and local public health agencies;

3. Demonstrate CBOs' current readiness and anticipated needs for support, including technical assistance;

4. Use a Community Health Needs Assessment (or other

similar report) to identify the challenges and unmet needs of the community, and indicate which population health goals the community wishes to prioritize through the ToRCH model;

5. Provide a written statement of commitment to data sharing among clinical partners, and indicate how data will be shared at the individual or aggregate level; and

6. Demonstrate a strong commitment by leadership through one (1) or more letters of support that—

A. Express a vision and enthusiasm for the model and a willingness to be held accountable;

B. Discuss the team (with relevant skills) who will be running the model;

C. Describe current efforts to screen/address Social Determinants of Health (SDoH) in the community; and

D. Describe insights gained from the interactive CIE demonstration or other data sources.

(D) A prospective ToRCH entity shall provide a narrative that demonstrates a full understanding of the ToRCH model as follows:

1. How the flexibility and customizability of the model will be used to address community needs that connect back to the overarching health goals;

2. The specific actions that the provider will take to achieve the health goals;

3. How data will be used to inform and guide efforts;

4. How course corrections will be made; and

5. How the strengths of the rural community will be leveraged.

(5) A ToRCH entity shall enter into a Participation Agreement with the MO HealthNet Division for the operation of a ToRCH program by the provider. The Participation Agreement (12/07/2023) is incorporated by reference in this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://mydss.mo.gov/mhd/ToRCH>, on May 1, 2024. This rule does not incorporate any subsequent amendments or additions.

1. A Participation Agreement shall be valid only in geographic areas in which the division has approved the ToRCH entity under this rule.

2. A Participation Agreement may contain additional terms and conditions agreed to by the parties if the terms and conditions are consistent with the provisions of the Social Security Act, section 1915(b) waiver, this rule, and relevant state or federal law.

(6) Payment Methodology.

(A) Payments to a ToRCH entity in good standing will vary over time. Payments in year N are indicated as “ToRCH(N)” and are determined according to the following formula:

$ToRCH(1) = CBF(1) + CSS + SB3(1)$

$ToRCH(2) = CBF(2) + CSS + SB3(2) + PH(2) + AV(2) + AH(2)$

$ToRCH(3) = CBF(3) + CSS + SB3(3) + PH(3) + AV(3) + AH(3) + SS(3)$

$ToRCH(4) = CBF(4) + CSS + SB3(4) + PH(4) + AV(4) + AH(4) + SS(4)$

$ToRCH(5+) = CSS + PH(5+) + SS(5+).$

(B) The components identified in subsection (6)(A) are defined as follows:

1. CBF—Capacity Building Funds. The amount in model years one (1) and two (2) is one hundred sixty thousand dollars (\$160,000) per year for a small rural county, two hundred forty thousand dollars (\$240,000) for a medium rural county, and three hundred twenty thousand dollars (\$320,000) for a large rural county. In year three (3), the amount is reduced by one

third (1/3). In year four (4), the amount is reduced by two-thirds (2/3). In year five (5) and beyond, the amount is zero (0). These amounts are to be trended forward for inflation for additional cohorts after the first cohort;

2. CSS—Community Strategy Services. This amount is the product of an actuarially fair per-member per-month (PMPM) rate to deliver community strategy services, including a base allocation that supports the management of the ToRCH model as well as screening and referral activities for MO HealthNet participants, multiplied by the most recent quarter’s enrollment data for the ToRCH county or counties, and payable quarterly;

3. SB3—Supplemental B3 services and activities. In model years one (1) and two (2), this is a budgeted amount to be used by the ToRCH entity to provide supplemental services in accordance with section 1915(b)(3) of the Social Security Act. The initial budgeted amount is seventeen cents (\$0.17) per month multiplied by the size of the ToRCH population. In year three (3), as the funding source for these services and activities begins to transition to Shared Savings (SS), the amount is reduced by one third (1/3). In year four (4), the amount is reduced by two thirds (2/3). In year five (5) and beyond, the amount is reduced to zero (0);

4. PH—Population Health incentive payments. For each of the identified population health goals referenced in the ToRCH entity’s Participation Agreement, the Supplemental HRSN services budget will be increased by two percent (2%) if the goal for the prior year is met and by three percent (3%) if the goal is exceeded. Thus the value of PH(2) equals up to fifteen percent (15%) of SB3(1). The value of PH(3) equals up to fifteen percent (15%) of SB3(2). The value of PH(4) equals up to fifteen percent (15%) of the sum of SB3(3) and SS(3). The value of PH(5) equals up to fifteen percent (15%) of the sum of SB3(4) and SS(4). The value of PH(6+) equals up to fifteen percent (15%) of SS(5+);

5. AV—Avoided Visits incentive payments. Based on calculations of avoidable emergency department visits, a pool is created across the ToRCH cohort, i.e., across all ToRCH entities that are in the same model year. Hospital services are probabilistically identified as potentially avoidable, and the dollar amount associated with these services is calculated at baseline and after each model year for services that occurred in the ToRCH hospital. First, these changes are expressed as percentage changes for each hospital, negative numbers representing better performance. Second, these percentage changes are summed to determine the total percent change across the cohort. Third, each hospital’s share of the total percent change is calculated as the ratio of the above two (2) steps. Fourth, this share is multiplied by the total value of the reduction achieved across the cohort to determine a prorated share of the reduction. Finally, the prorated share of the reduction is added back onto the original “old” value to obtain the final allocation for each ToRCH hospital. (Note: If a ToRCH entity is not a hospital, then it will not participate in the Avoided Visits Pool.);

6. AH—Avoided Hospitalization incentive payments. Based on calculations of avoidable hospitalizations, a pool is created across the ToRCH cohort, i.e., across all ToRCH entities that are in the same model year. Using an algorithm based on Prevention Quality Indicators (PQIs), area-level Pediatric Quality Indicators (PDIs), and the beta Emergency Department Prevention Quality Indicators (ED PQIs), hospital services are identified as potentially avoidable, and the dollar amount associated with these services is calculated at baseline and after each model year for services that occurred in the ToRCH hospital. First, these changes are expressed as percentage

changes for each hospital, negative numbers representing better performance. Second, these percentage changes are summed to determine the total percent change across the cohort. Third, each hospital's share of the total percent change is calculated as the ratio of the above two (2) steps. Fourth, this share is multiplied by the total value of the reduction achieved across the cohort to determine a prorated share of the reduction. Finally, the prorated share of the reduction is added back onto the original "old" value to obtain the final allocation for each ToRCH hospital. (Note: If a ToRCH entity is not a hospital, then it will not participate in the Avoided Hospitalization Pool.);

7. SS – Shared Savings payments. Beginning in year three (3), ToRCH entities will be eligible for shared savings payments based upon the estimated savings that MHD calculates as occurring through reductions in all-cause hospitalization (inpatient and outpatient) among the MO HealthNet residents of the ToRCH community. The estimate will be calculated relative to the utilization of MO HealthNet residents of rural, non-ToRCH counties and will be adjusted for the demographic composition of the county, including differences in enrollment by Category of Aid. To phase in the Shared Savings component of the ToRCH model, SS(3) will be, at minimum, equal to twenty percent (20%) of the calculated amount saved between years one (1) and two (2). SS(4) will be, at minimum, forty percent (40%) of the calculated amount saved between years two (2) and three (3). SS(5) will be, at minimum, sixty percent (60%) of the calculated amount saved between years three (3) and four (4). For N(5+), SS(N) will be, at minimum, sixty percent (60%) of the calculated amount saved between years N(2) and N(1). When the PH incentive payments are added, the total shared savings rate may be up to seventy-five percent (75%).

*AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016. Emergency rule filed April 22, 2024, effective May 6, 2024, expires Nov. 1, 2024. Emergency rule filed April 22, 2024, effective May 6, 2024, expires Nov. 1, 2024. Original rule filed April 22, 2024.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions \$15,000,000 in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) initially, but will cost private entities approximately \$15,000,000 in the aggregate by the fifth year of the implementation of the program.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*



**FISCAL NOTE  
PUBLIC COST**

- I. Please include clear instructions regarding what information to include in this field:

**Department Title:** Title 13 – Department of Social Services  
**Division Title:** Division 70 – MO HealthNet Division  
**Chapter Title:** Chapter 94 – Rural Health Clinic Program

<b>Rule Number and Name:</b>	13 CSR 70-94.030 Transformation of Rural Community Health
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Cost of Compliance in the Aggregate</b>
MO HealthNet Division	\$15,000,000 or less (Year 1)

**III. WORKSHEET**

N/A

**IV. ASSUMPTIONS**

MO HealthNet:

Combined spending for six sites plus the community information exchange platform and other data infrastructure will be under the initial appropriation of \$15,000,000 for Year 1. The goal of the model is to switch to a shared savings funding stream by Year 5, so for a given cohort of ToRCH communities, the full upfront cost of up to \$15,000,000 is only incurred in Years 1 and 2. A transition begins in Year 3, continues in Year 4, and by Year 5, no further public cost is anticipated.

Other state agencies:

While one goal of the ToRCH model is to better align and coordinate use of existing funding for social programs, the assumption is that ToRCH will allow for more targeted use of existing funds and will result in greater long-term impact from the services rendered, not that any additional funds will be needed for these public programs.

**FISCAL NOTE  
PRIVATE COST****I.**

**Department Title:** Title 13 – Department of Social Services  
**Division Title:** Division 70 – MO HealthNet Division  
**Chapter Title:** Chapter 94 – Rural Health Clinic Program

<b>Rule Number and Title:</b>	13 CSR 94.030 Transformation of Rural Community Health
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
30	Urban hospitals providing tertiary care	\$0 initially; increasing to approximately \$15m in year 5

**III. WORKSHEET**

N/A

**IV. ASSUMPTIONS**

ToRCH represents an influx of dollars to rural hospitals, clinical partners, and community partners, and as such has no direct cost to any directly participating entity.

The shared savings upon which ToRCH will ultimately be funded represent an indirect financial loss to the hospitals that would have provided the services. The goal of the model is to reduce all-cause hospitalizations, especially those that occur for complex complications of poorly managed health, which are more likely to occur at urban centers.

**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**Division 60 – Missouri Health Facilities Review Committee**

**Chapter 50 – Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.430 Application Package.** The committee is amending subsection (4)(D) and updating forms MO 580-2501 and MO 580-2502.

*PURPOSE: The committee is amending this rule to remove the actual projected population year, which will prevent the necessity to continuously amend this rule in the future.*

(4) The Proposal Description shall include documents which –  
(D) Proposals for new hospitals or new or additional long-term care (LTC) beds must define the community to be served –

1. Describe the service area(s) population using **projected** year [2025] populations [and projections] provided by the Bureau of Health Care Analysis and Data Dissemination (BHCADD), which can be obtained by contacting[:] –

Chief, Bureau of Health Care Analysis and  
Data Dissemination (BHCADD)  
Department of Health and Senior Services  
PO Box 570, Jefferson City, MO 65102  
Telephone: (573) 751-6272

There will be a charge for any of the information requested, and seven to fourteen (7–14) days should be allowed for a response from BHCADD. Information requests should be made to BHCADD such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application;

2. Use the maps and population data received from BHCADD with the CON Applicant's Population Determination Method to determine the estimated population for LTC projects, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen- (15-) mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see BHCADD) within each zip code overlapped by the fifteen- (15-) mile radius or geographic service area;

C. Categorize population centers as either “in” or “out” of the fifteen- (15-) mile radius or geographic service area and remove the population data from each affected zip code categorized as “out”;

D. Estimate, to the nearest five percent (5%), the portion of the zip code area that is within the fifteen- (15-) mile radius or geographic service area by “eyeballing” the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in subparagraph (4)(D)2.D. (Due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, Clay, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in subparagraph (4)

(D)2.D.);

F. Add back the population center(s) “inside” the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen- (15-) mile radius or geographic service area;

3. Provide other statistics, such as studies, patient origin, or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined “geographic service area”;



## Certificate of Need Program

**NEW HOSPITAL APPLICATION**

## Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done	Page	N/A	Description
------	------	-----	-------------

**Divider I. Application Summary:**

- |       |    |  |
|-------|----|--|
| _____ | 1. | Applicant Identification and Certification (Form MO 580-1861)  |
| _____ | 2. | Representative Registration (Form MO 580-1869)   |
| _____ | 3. | Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.   |
| _____ | 4. | Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO. |

**Divider II. Proposal Description:**

- |       |     |  |
|-------|-----|--|
| _____ | 1.  | Provide a complete detailed project description.   |
| _____ | 2.  | Provide the proposed number of licensed beds by medical specialty.   |
| _____ | 3.  | Provide a timeline of events for the project, from CON issuance through project competition.   |
| _____ | 4.  | Provide a legible city or county map showing the exact location of the proposed facility.  |
| _____ | 5.  | Provide a site plan for the proposed project.  |
| _____ | 6.  | Provide preliminary schematic drawings for the proposed project.   |
| _____ | 7.  | Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.   |
| _____ | 8.  | Provide the proposed square footage.   |
| _____ | 9.  | Document ownership of the project site, or provide an option to purchase.  |
| _____ | 10. | Define the community to be served (service area: projected population, area, rationale).   |
| _____ | 11. | Provide utilization projections through the first three (3) <b>FULL</b> years of operation of the new beds   |
| _____ | 12. | Identify specific community problems or unmet needs the proposal would address.  |
| _____ | 13. | Provide the methods and assumptions used to project utilization.   |
| _____ | 14. | Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.         |
| _____ | 15. | Provide copies of any petitions, letters of support or opposition received.  |
| _____ | 16. | Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper. |
| _____ | 17. | Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.                              |

**Divider III. Service Specific Criteria and Standards:**

- |       |    |  |
|-------|----|--|
| _____ | 1. | Document the methodology utilized to determine the need for the proposed hospital.   |
| _____ | 2. | Provide the most recent three (3) <b>FULL</b> years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%). |
| _____ | 3. | Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.  |
| _____ | 4. | Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based need formula  |

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- |       |    |  |
|-------|----|--|
| _____ | 1. | Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"  |
| _____ | 2. | Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.   |
| _____ | 3. | Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) <b>FULL</b> years beyond project completion. |
| _____ | 4. | Document how patient charges are derived.  |
| _____ | 5. | Document responsiveness to the needs of the medically indigent.  |





Certificate of Need Program

**NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION** *(Use for RCF/ALF, ICF/SNF and LTCH beds)*

Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description

**Divider I. Application Summary:**

- \_\_\_\_\_ 1. Applicant Identification and Certification (Form MO 580-1861)
- \_\_\_\_\_ 2. Representative Registration (From MO 580-1869)
- \_\_\_\_\_ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- \_\_\_\_\_ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
- \_\_\_\_\_ 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
- \_\_\_\_\_ 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
- \_\_\_\_\_ 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
- \_\_\_\_\_ 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

**Divider II. Proposal Description:**

- \_\_\_\_\_ 1. Provide a complete detailed project description.
- \_\_\_\_\_ 2. Provide a timeline of events for the project, from CON issuance through project competition.
- \_\_\_\_\_ 3. Provide a legible city or county map showing the exact location of the proposed facility.
- \_\_\_\_\_ 4. Provide a site plan for the proposed project.
- \_\_\_\_\_ 5. Provide preliminary schematic drawings for the proposed project.
- \_\_\_\_\_ 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- \_\_\_\_\_ 7. Provide the proposed square footage.
- \_\_\_\_\_ 8. Document ownership of the project site, or provide an option to purchase.
- \_\_\_\_\_ 9. Define the community to be served.
- \_\_\_\_\_ 10. Provide projected population for the 15-mile radius service area.
- \_\_\_\_\_ 11. Identify specific community problems or unmet needs the proposal would address.
- \_\_\_\_\_ 12. Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- \_\_\_\_\_ 13. Provide the methods and assumptions used to project utilization.
- \_\_\_\_\_ 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- \_\_\_\_\_ 15. Provide copies of any petitions, letters of support or opposition received.
- \_\_\_\_\_ 16. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- \_\_\_\_\_ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- \_\_\_\_\_ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- \_\_\_\_\_ 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- \_\_\_\_\_ 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- \_\_\_\_\_ 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- \_\_\_\_\_ 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
- \_\_\_\_\_ 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- \_\_\_\_\_ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- \_\_\_\_\_ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- \_\_\_\_\_ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- \_\_\_\_\_ 4. Document how patient charges are derived.
- \_\_\_\_\_ 5. Document responsiveness to the needs of the medically indigent.
- \_\_\_\_\_ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- \_\_\_\_\_ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed April 22, 2024.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 920 Wildwood Drive, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

## TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 60 – Missouri Health Facilities Review Committee

#### Chapter 50 – Certificate of Need Program

#### PROPOSED AMENDMENT

**19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals.** The committee is amending subsection (4)(D).

**PURPOSE:** The committee is amending this rule to remove the actual projected population year, which will prevent the necessity to continually amend this rule in the future.

(4) For the construction of a new hospital, the following questions shall be answered:

(D) What is the unmet need according to the following population-based bed need formula using (Unmet Need =  $(R \times P) - U$ ), where[ ] –

P = **Projected** [Y]year [2025] population in the service area;  
U = Number of licensed and approved beds in the service area; and  
R = Community need rate of one (1) bed per population in the service area as follows:

1. Medical/surgical bed: 570
2. Pediatric bed: 8,330
3. Psychiatric bed: 2,080
4. Substance abuse/chemical dependency bed: 20,000
5. Inpatient rehabilitation bed: 9,090
6. Obstetric bed: 5,880

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed April 22, 2024.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 920 Wildwood Drive, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

## TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 60 – Missouri Health Facilities Review Committee

#### Chapter 50 – Certificate of Need Program

#### PROPOSED AMENDMENT

**19 CSR 60-50.450 Criteria and Standards for Long-Term Care.** The committee is amending section (1).

**PURPOSE:** The committee is amending this rule to remove the actual projected population year, which will prevent the necessity to continually amend this rule in the future.

(1) The following population-based long-term care bed need methodology for the fifteen- (15-) mile radius shall be used to determine the need:

(A) Approval of additional intermediate care facility/skilled nursing facility (ICF/SNF) beds will be based on[ ] –

1. A service area need determined to be fifty-three (53) beds per one thousand (1,000) **projected** year [2025] population age sixty-five (65) and older minus the current supply of ICF/SNF beds shown in the most recent Six-Quarter Occupancy of Hospital and Nursing Home Licensed and Available Beds report as provided by the Certificate of Need Program (CONP), which includes licensed and Certificate of Need (CON)-approved beds;

(B) Approval of additional residential care facilities/assisted living facilities (RCF/ALF) beds will be based on[ ] –

1. A service area need determined to be twenty-five (25) beds per one thousand (1,000) **projected** year [2025] population age sixty-five (65) and older minus the current supply of RCF/ALF beds shown in the most recent Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds as provided by the CONP which includes licensed and CON-approved beds; and

(C) Approval for Long-Term Care Hospital (LTCH) beds, as described in 42 CFR, section 412.23(e), will be based on a service area need determined to be one-tenth (0.1) bed per one thousand (1,000) **projected** year [2025] population minus the current supply of LTCH beds shown in the most recent Six-Quarter Occupancy of Long-Term Care Hospital Facility Licensed and Available Beds as provided by the CONP, which includes licensed beds and CON-approved beds.

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed April 22, 2024.

**PUBLIC COST:** This proposed amendment will not cost state

agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 920 Wildwood Drive, Jefferson City, MO 65109 or via email at [CONP@health.mo.gov](mailto:CONP@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**TITLE 20 – DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2085 – Board of Cosmetology  
and Barber Examiners  
Chapter 8 – Cosmetology Instructors  
and Instructor Trainees**

**PROPOSED AMENDMENT**

**20 CSR 2085-8.070 Instructor Renewal and Inactive License Requirements.** The board is amending subsection (2)(A).

*PURPOSE:* This amendment allows for distance-learning courses for continuing education.

(2) Renewals. Every two (2) years (biennially) the renewal application for active licensees must be completed, signed, accompanied by the appropriate renewal fee, and returned to the board office prior to the expiration date of the license. The biennial instructor renewal fee shall be submitted in addition to the regular operator renewal fee.

(A) Renewal is contingent upon attending a board-approved seminar and submitting to the board proof of eight (8) hours of attendance issued by seminar sponsors, showing the date and place of the seminar. Each licensed instructor shall be required to attend a board-approved seminar within the two (2) years immediately preceding the renewal date and shall submit evidence of attendance with the renewal application. **For purposes of this rule, the required eight (8) hours of attendance at a board-approved seminar may be completed in a virtual program approved by the board that is contemporaneously or simultaneously, visually and verbally, interactive.**

*AUTHORITY:* sections 329.025.1 and 329.085, RSMo Supp. [2013] 2023. Original rule filed Aug. 1, 2007, effective Feb. 29, 2008. Amended: Filed Nov. 26, 2013, effective July 30, 2014. Amended: Filed May 1, 2024.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Cosmetology and Barber Examiners, PO Box

1062, Jefferson City, MO 65102, by facsimile at (573) 751-8176, or via email at [cosbar@pr.mo.gov](mailto:cosbar@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**TITLE 20 – DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2085 – Board of Cosmetology  
and Barber Examiners  
Chapter 12 – Schools and Student Rules – Barber and  
Cosmetology**

**PROPOSED AMENDMENT**

**20 CSR 2085-12.010 General Rules and Application Requirements for All Schools.** The board is adding section (18).

*PURPOSE:* This amendment adds language regarding virtual education.

(18) Virtual Education.

(A) For purposes of all schools licensed pursuant to Chapters 328 and 329, RSMo, educational theory hours (to exclude all experience hours) may be completed virtually in a hybrid program that is contemporaneously or simultaneously, visually and verbally, interactive between the instructor and student.

(B) Virtual educational theory hours may not account for more than half of the theory education hours required pursuant to this rule.

*AUTHORITY:* sections 328.090[.] and 328.120, RSMo 2016, and sections 329.025[.] and 329.040, RSMo Supp. [2013] 2023. Original rule filed Aug. 10, 2007, effective Feb. 29, 2008. For intervening history, please consult the **Code of State Regulations**. Amended: Filed May 1, 2024.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Cosmetology and Barber Examiners, PO Box 1062, Jefferson City, MO 65102, by facsimile at (573) 751-8176, or via email at [cosbar@pr.mo.gov](mailto:cosbar@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**TITLE 20 – DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2120 – State Board of Embalmers and  
Funeral Directors  
Chapter 2 – General Rules**

**PROPOSED RULE**

**20 CSR 2120-2.106 Preneed Funeral Contract Audit Fee Waiver**

*PURPOSE: This rule waives the twenty-five dollar (\$25) statutory state audit fee paid by consumers who are impacted by the receivership of National Prearranged Services (NPS).*

(1) The board may waive the per contract annual reporting fee required by section 436.460.5, RSMo, and 20 CSR 2120-2.100(1) (DD) for any seller who has entered into a contract for preneed funeral services with a consumer impacted by the receivership of NPS.

(2) To request a waiver, the seller shall submit its request in writing to the board along with its annual report and provide any additional documentation as the board may request. The board may provide a form with requested information.

(3) Waivers may only be granted where the consumer has not been charged any state audit fee (or similar reporting fee) or the seller has affirmed the consumer shall receive a refund or credit of any fee previously paid. In no event shall any waiver exceed twenty-five dollars (\$25) per contract.

(4) In the event any waiver is denied, the seller shall remit the reporting fee due within sixty (60) days notice.

(5) This rule shall sunset on October 31, 2026.

*AUTHORITY: sections 333.340 and 436.460.5, RSMo 2016. Emergency rule filed April 29, 2024, effective May 14, 2024, expires Feb. 20, 2025. Original rule filed April 29, 2024.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions an estimated forty-six thousand five hundred dollars (\$46,500) for the life of the rule.*

*PRIVATE COST: This proposed rule will save private entities an estimated forty-six thousand five hundred dollars (\$46,500) for the life of the rule.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Embalmers and Funeral Directors, Patty Faenger, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to [embalm@pr.mo.gov](mailto:embalm@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*



**PUBLIC FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Commerce and Insurance**  
**Division 2120—State Board of Embalmers and Funeral Directors**  
**Chapter 2 - General Rules**  
**Proposed Rule 20 CSR 2120-2.106 – Preneed Funeral Contract Audit Fee Waiver**

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Embalmers and Funeral Directors		<b>\$46,500</b>
	<b>Estimated Total Cost Between the Rule Effective Date and October 31, 2026</b>	<b>\$46,500</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTION**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.

## PRIVATE FISCAL NOTE

## I. RULE NUMBER

**Title 20 -Department of Commerce and Insurance****Division 2120—State Board of Embalmers and Funeral Directors****Chapter 2 - General Rules****Proposed Rule 20 CSR 2120-2.106 – Preneed Funeral Contract Audit Fee Waiver**

## II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated savings for the life of the rule by affected entities:
1,860	Audit Fee (Fee @ \$25)	\$46,500
	<b>Estimated Total Savings Between the Rule Effective Date and October 31, 2026</b>	<b>\$46,500</b>

## III. WORKSHEET

See Table Above

## IV. ASSUMPTION

1. The figure reported above is based on the list provided by the receivership. It is a listing of approximately 3,100 Missouri consumers impacted by the orphan contract cancellations. The board estimates 60% of this total will enter into a new preneed contract.
2. The fee waiver only affects consumers and preneed sellers impacted by the receivership of the National Prearranged Services. The fee is waived for consumers that enter into new preneed contracts.

**TITLE 20 – DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 4240 – Public Service Commission  
Chapter 123 – Modular Units**

**PROPOSED AMENDMENT**

**20 CSR 4240-123.080 Code for Modular Units.** The commission is amending sections (3), (5), and (6).

*PURPOSE: This proposed amendment updates the building codes to the recent editions of the building codes and updates references to the Code of State Regulations.*

(3) The structure shall be manufactured in accordance with and meet the requirements of the most recently commission-adopted building codes: except as provided in subsections (A) and (B) below, *International Building Code-[2015] 2021*; *International Plumbing Code-[2015] 2021*; *International Mechanical Code-[2015] 2021*; *International Residential Code-[2015] 2021*; *International Fuel Gas Code-[2015] 2021*; and *National Electric Code NFPA 70-[2014] 2020*. Manufacturers will have six (6) months in which to update to the new code after the effective date of this rule as notified by the manager for all units built on or after that date. The codes are hereby incorporated by reference and made a part of this rule. The referenced codes do not include any later amendments or additions. (For a copy of the International Code publication, contact the International Code Council, Publications, 4051 West Flossmoor Road, Country Club Hills, IL 60478-5795. For a copy of the *National Electric Code*, contact the national Fire Protection Association, One Batterymarch Park, Quincy, Massachusetts 02169-7471.)

(5) All modular units shall meet or exceed the Seismic Zone requirements (A, B, C, D1, D2, or E as defined in the applicable code in section (3) above) for the area in which the modular unit is placed. Modular unit plans submitted by a manufacturer under ~~4~~**20 CSR 4240-123.040** shall specify the Seismic Zone for which the unit is built as well as the location where the unit will be placed. If a unit is built for open placement throughout the state of Missouri, the manufacturer and the dealer or dealer's agent is responsible to ensure the unit is placed in the proper seismic area for which the unit is built.

(6) Each modular unit shall bear a data plate affixed in a permanent manner near the main electrical panel or other readily accessible and visible location. Each data plate must be covered with a material that will make it possible to clean the data plate of ordinary dirt without obscuring the information. Each data plate shall include the following information at a minimum: name and address of manufacturer, serial and model number of the unit, date the unit was manufactured, code the unit was built to, seismic zone listing, name and address of the third-party engineering agency that reviewed and approved the plans submitted by the manufacturer under ~~4~~**20 CSR 4240-123.040**.

*AUTHORITY: sections 700.010 and 700.040, RSMo 2016. This rule originally filed as 4 CSR 240-123.080. Original rule filed Aug. 16, 1979, effective Dec. 15, 1979. For intervening history, please consult the **Code of State Regulations**. Amended: Filed April 24, 2024.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS AND NOTICE OF PUBLIC HEARING: Anyone may file comments in support of or in opposition to this proposed amendment with the Missouri Public Service Commission, Nancy Dippell, Secretary of the Commission, PO Box 360, Jefferson City, MO 65102. To be considered, comments must be received at the commission's offices on or before July 3, 2024, and should include a reference to Commission Case No. MX-2024-0310. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing regarding this proposed amendment is scheduled for July 8, 2024, at 10 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri, 65102. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions. Any persons with special needs as addressed by the Americans with Disabilities Act should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**TITLE 2 – DEPARTMENT OF AGRICULTURE**  
**Division 100 – Missouri Agricultural and Small**  
**Business Development Authority**  
**Chapter 14 – Beginning Farmer Tax Deduction**  
**Program**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Department of Agriculture under section 143.121, RSMo Supp. 2023, the department adopts a rule as follows:

**2 CSR 100-14.010** Description of Operation, Definitions, and  
Method of Certification  
**is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2024 (49 MoReg 329-335). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.



This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**TITLE 10 – DEPARTMENT OF NATURAL RESOURCES**  
**Division 140 – Division of Energy**  
**Chapter 2 – Energy Set-Aside Fund**

**NON-SUBSTANTIVE CHANGE REQUEST**

The Missouri Department of Natural Resources’ Division of Energy requests that the secretary of state make a non-substantive change to the following rule in accordance with the provisions of section 536.032, RSMo. Rule 10 CSR 140-2.020, General Provisions, contains four (4) references to PO Box 1766. The correct PO Box is 176.

References to be changed are found in 10 CSR 140-2.020(2), 10 CSR 140-2.020(4)(A), 10 CSR 140-2.020(7)(A), and 10 CSR 140-2.020(8)(D).

The Missouri Department of Natural Resources’ Division of Energy requests all references to “PO Box 1766” be changed to “PO Box 176.”

This change will appear in the June 30, 2024, update to the *Code of State Regulations*.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to [adrules.dissolutions@sos.mo.gov](mailto:adrules.dissolutions@sos.mo.gov).

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
RUTZGROUP, LLC**

Rutzgroup, LLC, a Missouri limited liability company (the "**Company**"), was dissolved on April 2, 2024 by the filing of a Notice of Winding Up with the Missouri Secretary of State. The Company requests all persons and entities with claims against the Company present them in writing by mail to:

Rutzgroup, LLC  
Attn: Judith Rutz, Manager  
1314 Cherry Glen Ct  
Chesterfield, Missouri 63017

Each claim must include:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The basis of the claim;
- 4) The date(s) of the event(s) on which the claim is based occurred; and
- 5) Documentation in support of the claim.

NOTICE: Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

**NOTICE OF DISSOLUTION OF CORPORATION TO ALL CREDITORS OF AND CLAIMANTS AGAINST HARD-E  
FOODS, INC**

Hard-E Foods, Inc., a Missouri corporation (the "**Corporation**"), was dissolved on April 2, 2024 by filing Articles of Dissolution with the Missouri Secretary of State. The Corporation requests all persons and entities with claims against the Corporation present them in writing by mail to:

Hard-E Foods, Inc  
Attn: Judith Rutz, President  
1314 Cherry Glen Ct  
Chesterfield, MO 63017

Each claim must include:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The basis of the claim;
- 4) The date(s) of the event(s) on which the claim is based occurred; and
- 5) Documentation in support of the claim.

NOTICE: Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication of this notice.

**NOTICE OF DISSOLUTION AND WINDING UP  
OF CBKC CDC SUB-CDE 37, LLC**

This notice is provided to you pursuant to Missouri Statutes Sections 347.137 and 347.141. CBKC CDC Sub-CDE 37, LLC, a Missouri limited liability company (the "**Company**"), is dissolved and winding up its affairs. Claims against the Company must be in writing and sent to:

PNC Financial Services Group  
The Tower at PNC Plaza  
300 Fifth Avenue, 14th FL (PT-PTWR-14-4)  
Pittsburgh, PA 15222-2401

Each claim must include the following information:

- 1) Claimant's name, address, phone number and email address;
- 2) Specific details of claimant's claim and documentation of the claim, including copies of any invoices or order forms; and
- 3) Total amount claimed owed by the Company to the claimant.

All claims against the Company are barred pursuant to Missouri Statutes Section 347.141, unless an action to enforce the claim is commenced within three (3) years after publication of the notice.

**NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST HOUSE OF BURGESSES, LLC, A MISSOURI LIMITED LIABILITY COMPANY**

On April 10, 2024, HOUSE OF BURGESSES, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. Said Notice was effective on April 10, 2024. The Company requests that all persons and organizations who have claims against it present them immediately by letter to the Company to:

Attn://Vincent Garozzo  
c/o UB Greensfelder LLP  
10 S. Broadway, Suite 2000  
St. Louis, Missouri 63102

All claims must include

- 1) The name and address of the claimant;
- 2) The amount claimed;
- 3) The basis for the claim;
- 4) The date(s) on which the event(s) on which the claim is based occurred, and
- 5) Any other documentation of the claim.

NOTICE: Pursuant to Section 347.141 RSMo., any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of this notice.

**NOTICE OF CANCELLATION AND WINDING UP TO ALL CREDITORS AND CLAIMANTS OF FRIENDLY DEVELOPMENT LIMITED PARTNERSHIP**

Please take notice that FRIENDLY DEVELOPMENT LIMITED PARTNERSHIP has been administratively canceled as of January 1, 2016 and is in the process of winding up its affairs as authorized by its partners. The partnership requests that all persons and organizations who have claims against it present them immediately in writing by mail directed to:

Margaret M. Stevens  
7540 Murdoch Ave.  
Shrewsbury, MO 63119

Any claim must include:

- 1) The full name, address and phone number of the claimant;
- 2) The amount claimed;
- 3) The date on which the claim arose;
- 4) The basis for the claim; and
- 5) Any and all documentation in support of the claim.

All claims against FRIENDLY DEVELOPMENT LIMITED PARTNERSHIP will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP AND DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST GOLABI, LLC**

GOLABI, LLC, a Missouri limited liability company ("**Company**"), filed a Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on April 24, 2024. In accordance with the filing of the Notice of Winding Up for Limited Liability Company, and pursuant to the Missouri Limited Liability Company Act, any and all claims against the Company should be sent by mail to:

Golabi LLC  
Attention: Adam W. Randle, Esq  
c/o Polsinelli PC,  
7676 Forsyth Blvd., Suite 800  
St. Louis, Missouri 63105

Each claim should include the following:

- 1) A brief description of the nature and basis for your claim;
- 2) The date(s) when the events on which your claim is based arose;
- 3) The amount of your claim;
- 4) The name, address, telephone number and email address (if applicable) of the claimant; and
- 5) Any documentation related to your claim.

Any and all claims against Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the date of the publication of this Notice.

**NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
MICHAEL VAUGHT ROOFING, LLC**

On April 22, 2024, Michael Vaught Roofing, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against Michael Vaught Roofing, LLC, you must submit a summary in writing of the circumstances surrounding your claim to:

Michael Vaught  
406 S.E. Jackson Street  
Lee's Summit, Missouri 64063

The summary must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of claim;
- 3) The basis of the claim;
- 4) The date on which the claim arose; and
- 5) The documentation supporting the claim.

ALL CLAIMS AGAINST MICHAEL VAUGHT ROOFING, LLC WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN THREE (3) YEARS AFTER THE PUBLICATION OF THIS NOTICE.

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND ALL CLAIMANTS AGAINST  
ONE MCKNIGHT PLACE CONSTRUCTION COMPANY**

On April 29, 2024, One McKnight Place Construction Company, a Missouri corporation (the "Company"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. Any claims against the Company must be sent to:

Charles J. Deutsch, President  
One McKnight Place  
St. Louis, Missouri 63124

Each claim must include:

- 1) The name, address and phone number of claimant;
- 2) The amount and nature of claim;
- 3) The date on which the claim arose; and
- 4) Any claim documentation

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of publication of this notice.



This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 48 (2023) and 49 (2024). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
1 CSR 10	<b>OFFICE OF ADMINISTRATION</b> State Officials' Salary Compensation Schedule				47 MoReg 1457
	<b>DEPARTMENT OF AGRICULTURE</b>				
2 CSR 30-1.020	Animal Health		49 MoReg 272		
2 CSR 30-10.010	Animal Health	49 MoReg 395	49 MoReg 397		
2 CSR 70-14.005	Plant Industries		48 MoReg 2268R	49 MoReg 564R	
2 CSR 70-14.010	Plant Industries		48 MoReg 2268R	49 MoReg 564R	
2 CSR 70-14.020	Plant Industries		48 MoReg 2268R	49 MoReg 564R	
2 CSR 70-14.030	Plant Industries		48 MoReg 2269R	49 MoReg 564R	
2 CSR 70-14.040	Plant Industries		48 MoReg 2269R	49 MoReg 565R	
2 CSR 70-14.060	Plant Industries		48 MoReg 2269R	49 MoReg 565R	
2 CSR 70-14.070	Plant Industries		48 MoReg 2269R	49 MoReg 565R	
2 CSR 70-14.080	Plant Industries		48 MoReg 2270R	49 MoReg 565R	
2 CSR 70-14.090	Plant Industries		48 MoReg 2270R	49 MoReg 565R	
2 CSR 70-14.100	Plant Industries		48 MoReg 2270R	49 MoReg 565R	
2 CSR 70-14.110	Plant Industries		48 MoReg 2271R	49 MoReg 566R	
2 CSR 70-14.120	Plant Industries		48 MoReg 2271R	49 MoReg 566R	
2 CSR 70-14.130	Plant Industries		48 MoReg 2271R	49 MoReg 566R	
2 CSR 70-14.140	Plant Industries		48 MoReg 2271R	49 MoReg 566R	
2 CSR 70-14.150	Plant Industries		48 MoReg 2272R	49 MoReg 566R	
2 CSR 70-14.160	Plant Industries		48 MoReg 2272R	49 MoReg 566R	
2 CSR 70-14.170	Plant Industries		48 MoReg 2272R	49 MoReg 567R	
2 CSR 70-14.180	Plant Industries		48 MoReg 2272R	49 MoReg 567R	
2 CSR 70-14.190	Plant Industries		48 MoReg 2273R	49 MoReg 567R	
2 CSR 70-17.010	Plant Industries		48 MoReg 2273R	49 MoReg 567R	
2 CSR 70-17.020	Plant Industries		48 MoReg 2273R	49 MoReg 567R	
2 CSR 70-17.030	Plant Industries		48 MoReg 2274R	49 MoReg 568R	
2 CSR 70-17.050	Plant Industries		48 MoReg 2274R	49 MoReg 568R	
2 CSR 70-17.070	Plant Industries		48 MoReg 2274R	49 MoReg 568R	
2 CSR 70-17.080	Plant Industries		48 MoReg 2274R	49 MoReg 568R	
2 CSR 70-17.100	Plant Industries		48 MoReg 2275R	49 MoReg 568R	
2 CSR 70-17.110	Plant Industries		48 MoReg 2275R	49 MoReg 568R	
2 CSR 70-17.120	Plant Industries		48 MoReg 2275R	49 MoReg 569R	
2 CSR 70-17.130	Plant Industries		48 MoReg 2275R	49 MoReg 569R	
2 CSR 80-5.010	State Milk Board		48 MoReg 2276	49 MoReg 652	
2 CSR 90-36.005	Weights, Measures and Consumer Protection		49 MoReg 603		
2 CSR 90-36.010	Weights, Measures and Consumer Protection		49 MoReg 604		
2 CSR 90-36.015	Weights, Measures and Consumer Protection		49 MoReg 605		
2 CSR 100-14.010	Missouri Agricultural and Small Business Development Authority		49 MoReg 329	This Issue	
2 CSR 110-4.010	Office of the Director	49 MoReg 263	49 MoReg 272		
2 CSR 110-4.020	Office of the Director	49 MoReg 263	49 MoReg 273		
2 CSR 110-4.040	Office of the Director	49 MoReg 264	49 MoReg 273		
2 CSR 110-4.050	Office of the Director	49 MoReg 265	49 MoReg 274		
	<b>DEPARTMENT OF CONSERVATION</b>				
3 CSR 10-4.113	Conservation Commission		49 MoReg 448		
3 CSR 10-4.117	Conservation Commission		49 MoReg 452		
3 CSR 10-5.205	Conservation Commission		49 MoReg 452		
3 CSR 10-5.210	Conservation Commission		49 MoReg 731		
3 CSR 10-5.215	Conservation Commission		49 MoReg 452		
3 CSR 10-5.222	Conservation Commission		49 MoReg 83	49 MoReg 500	
3 CSR 10-5.360	Conservation Commission		49 MoReg 138	49 MoReg 743	
3 CSR 10-5.365	Conservation Commission		49 MoReg 140	49 MoReg 743	
3 CSR 10-5.560	Conservation Commission		49 MoReg 140	49 MoReg 744	
3 CSR 10-5.565	Conservation Commission		49 MoReg 142	49 MoReg 744	
3 CSR 10-5.579	Conservation Commission		49 MoReg 142	49 MoReg 745	
3 CSR 10-5.580	Conservation Commission		49 MoReg 142	49 MoReg 745	
3 CSR 10-5.600	Conservation Commission		49 MoReg 83	49 MoReg 500	
3 CSR 10-5.605	Conservation Commission		49 MoReg 84	49 MoReg 500	
3 CSR 10-5.800	Conservation Commission		49 MoReg 453		
3 CSR 10-5.805	Conservation Commission		49 MoReg 455		
3 CSR 10-6.415	Conservation Commission		49 MoReg 457		
3 CSR 10-7.410	Conservation Commission		49 MoReg 457		
3 CSR 10-7.431	Conservation Commission		49 MoReg 458		
3 CSR 10-7.433	Conservation Commission		49 MoReg 84	49 MoReg 500	
3 CSR 10-7.440	Conservation Commission			49 MoReg 746	
3 CSR 10-7.455	Conservation Commission			49 MoReg 747	
3 CSR 10-7.600	Conservation Commission		49 MoReg 84	49 MoReg 501	
3 CSR 10-7.700	Conservation Commission		49 MoReg 458		
3 CSR 10-7.705	Conservation Commission			49 MoReg 748	
3 CSR 10-7.710	Conservation Commission			49 MoReg 748	
3 CSR 10-7.900	Conservation Commission		This Issue	49 MoReg 749	
3 CSR 10-7.905	Conservation Commission			49 MoReg 749	
3 CSR 10-10.705	Conservation Commission		49 MoReg 459		

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3 CSR 10-10.708	Conservation Commission		49 MoReg 462		
3 CSR 10-10.800	Conservation Commission		49 MoReg 464		
3 CSR 10-10.805	Conservation Commission		49 MoReg 466		
3 CSR 10-10.810	Conservation Commission		49 MoReg 468		
3 CSR 10-11.130	Conservation Commission		49 MoReg 471		
3 CSR 10-11.155	Conservation Commission		49 MoReg 471		
3 CSR 10-20.805	Conservation Commission		49 MoReg 471		
<b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b>					
<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>					
5 CSR 20-100.110	Division of Learning Service		49 MoReg 731		
5 CSR 20-100.230	Division of Learning Service		48 MoReg 307	49 MoReg 569	
5 CSR 20-400.385	Division of Learning Services		49 MoReg 539		
5 CSR 20-400.540	Division of Learning Services		49 MoReg 540		
5 CSR 20-400.580	Division of Learning Services		49 MoReg 276		
5 CSR 20-500.120	Division of Learning Services		49 MoReg 336		
5 CSR 20-500.140	Division of Learning Services		49 MoReg 337		
5 CSR 20-500.150	Division of Learning Services		49 MoReg 337		
5 CSR 20-500.160	Division of Learning Services		49 MoReg 338		
5 CSR 25-100.340	Office of Childhood	49 MoReg 81	49 MoReg 89	49 MoReg 749	
5 CSR 30-660.090	Division of Financial and Administrative Services		49 MoReg 607R		
<b>DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT</b>					
6 CSR 10-1.010	Commissioner of Higher Education		49 MoReg 735		
6 CSR 10-5.010	Commissioner of Higher Education		49 MoReg 540R 49 MoReg 541		
6 CSR 10-9.010	Commissioner of Higher Education		48 MoReg 2276	49 MoReg 753	
<b>MISSOURI DEPARTMENT OF TRANSPORTATION</b>					
7 CSR 10-25.030	Missouri Highways and Transportation Commission		49 MoReg 89		
7 CSR 10-25.060	Missouri Highways and Transportation Commission		49 MoReg 90		
7 CSR 10-25.071	Missouri Highways and Transportation Commission		49 MoReg 90		
7 CSR 10-25.072	Missouri Highways and Transportation Commission		49 MoReg 91		
7 CSR 10-25.073	Missouri Highways and Transportation Commission		49 MoReg 91		
7 CSR 60-2.010	Highway Safety and Traffic Division		49 MoReg 276		
7 CSR 60-2.030	Highway Safety and Traffic Division		49 MoReg 278		
7 CSR 60-2.040	Highway Safety and Traffic Division		49 MoReg 279		
7 CSR 60-2.050	Highway Safety and Traffic Division		49 MoReg 279		
7 CSR 60-2.060	Highway Safety and Traffic Division		49 MoReg 280		
7 CSR 265-10.015	Motor Carrier and Railroad Safety		49 MoReg 91		
7 CSR 265-10.030	Motor Carrier and Railroad Safety		49 MoReg 92		
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8 CSR 30-2.020	Division of Labor Standards		49 MoReg 146	49 MoReg 753	
<b>DEPARTMENT OF MENTAL HEALTH</b>					
9 CSR 10-7.030	Director, Department of Mental Health		49 MoReg 555		
9 CSR 30-3.160	Certification Standards		49 MoReg 5R	49 MoReg 652R	
9 CSR 30-4.046	Certification Standards		48 MoReg 2150	49 MoReg 572	
9 CSR 45-7.010	Division of Developmental Disabilities		49 MoReg 477		
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR 10-6.020	Director's Office		48 MoReg 1921	49 MoReg 501	
10 CSR 23-1.010	Well Installation		49 MoReg 607		
10 CSR 23-1.140	Well Installation		49 MoReg 608		
10 CSR 23-3.030	Well Installation		49 MoReg 608		
10 CSR 23-3.050	Well Installation		49 MoReg 612		
10 CSR 23-3.080	Well Installation		49 MoReg 612		
10 CSR 23-3.090	Well Installation		49 MoReg 615		
10 CSR 23-3.110	Well Installation		49 MoReg 631		
10 CSR 23-4.060	Well Installation		49 MoReg 632		
10 CSR 23-5.050	Well Installation		49 MoReg 633		
10 CSR 25-7	Hazardous Waste Management Commission				49 MoReg 654
10 CSR 60-10.040	Safe Drinking Water Commission		49 MoReg 558		
10 CSR 140-2.020	Division of Energy		This Issue		
<b>DEPARTMENT OF PUBLIC SAFETY</b>					
11 CSR 70-2.010	Division of Alcohol and Tobacco Control	49 MoReg 601	49 MoReg 154		
11 CSR 70-2.020	Division of Alcohol and Tobacco Control	49 MoReg 601	49 MoReg 154		
11 CSR 70-2.130	Division of Alcohol and Tobacco Control		49 MoReg 155		
11 CSR 70-2.140	Division of Alcohol and Tobacco Control		49 MoReg 156		
11 CSR 70-2.190	Division of Alcohol and Tobacco Control		49 MoReg 156		
11 CSR 90-2.010	Missouri 911 Service Board	48 MoReg 1535	48 MoReg 1536	48 MoReg 2300	
11 CSR 90-4.010	Missouri 911 Service Board		This Issue		
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11 CSR 90-4.030	Missouri 911 Service Board		This Issue		
11 CSR 90-4.040	Missouri 911 Service Board		This Issue		
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11 CSR 90-4.060	Missouri 911 Service Board		This Issue		
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12 CSR 10-2.015	Director of Revenue		48 MoReg 2277	49 MoReg 652	
12 CSR 10-2.016	Director of Revenue		48 MoReg 2284R	49 MoReg 572R	
12 CSR 10-2.030	Director of Revenue		49 MoReg 157		
12 CSR 10-2.090	Director of Revenue		48 MoReg 2284	49 MoReg 573	
12 CSR 10-2.150	Director of Revenue		49 MoReg 559		
12 CSR 10-2.165	Director of Revenue		49 MoReg 340		
12 CSR 10-2.190	Director of Revenue		49 MoReg 342		
12 CSR 10-2.240	Director of Revenue		49 MoReg 158		
12 CSR 10-2.705	Director of Revenue		48 MoReg 2285	49 MoReg 573	
12 CSR 10-2.710	Director of Revenue		49 MoReg 160		
12 CSR 10-2.730	Director of Revenue		49 MoReg 397		
12 CSR 10-2.740	Director of Revenue		49 MoReg 345		
12 CSR 10-4.622	Director of Revenue		49 MoReg 398R		
12 CSR 10-7.240	Director of Revenue		48 MoReg 2285	49 MoReg 573	
12 CSR 10-10.130	Director of Revenue		48 MoReg 2286	49 MoReg 573	
12 CSR 10-10.135	Director of Revenue		49 MoReg 162R		
12 CSR 10-10.140	Director of Revenue		49 MoReg 486		
12 CSR 10-23.160	Director of Revenue <i>moved to 12 CSR 10-26.221</i>		49 MoReg 280		
12 CSR 10-23.420	Director of Revenue		48 MoReg 2287	49 MoReg 653	
12 CSR 10-23.430	Director of Revenue		48 MoReg 2288	49 MoReg 573	
12 CSR 10-23.465	Director of Revenue <i>moved to 12 CSR 10-26.021</i>		49 MoReg 281		
12 CSR 10-23.470	Director of Revenue		48 MoReg 2288	49 MoReg 574	
12 CSR 10-23.475	Director of Revenue		49 MoReg 398		
12 CSR 10-24.160	Director of Revenue		49 MoReg 281		
12 CSR 10-24.190	Director of Revenue		49 MoReg 282		
12 CSR 10-24.200	Director of Revenue		49 MoReg 637		
12 CSR 10-24.325	Director of Revenue		49 MoReg 736		
12 CSR 10-24.330	Director of Revenue		48 MoReg 1544	49 MoReg 101	
12 CSR 10-24.340	Director of Revenue		49 MoReg 353		
12 CSR 10-24.350	Director of Revenue		49 MoReg 283		
12 CSR 10-24.390	Director of Revenue		49 MoReg 736		
12 CSR 10-24.402	Director of Revenue		49 MoReg 737		
12 CSR 10-24.405	Director of Revenue		49 MoReg 738		
12 CSR 10-24.430	Director of Revenue		49 MoReg 738		
12 CSR 10-24.440	Director of Revenue		49 MoReg 637R		
12 CSR 10-24.480	Director of Revenue		49 MoReg 739		
12 CSR 10-25.040	Director of Revenue		48 MoReg 2289R	49 MoReg 574R	
12 CSR 10-25.140	Director of Revenue		49 MoReg 399		
12 CSR 10-26.020	Director of Revenue		49 MoReg 283		
12 CSR 10-26.021	Director of Revenue <i>formerly 12 CSR 10-23.465</i>		49 MoReg 281		
12 CSR 10-26.080	Director of Revenue		48 MoReg 2289	49 MoReg 574	
12 CSR 10-26.120	Director of Revenue		49 MoReg 284		
12 CSR 10-26.221	Director of Revenue <i>formerly 12 CSR 10-23.160</i>		49 MoReg 280		
12 CSR 10-26.231	Director of Revenue	49 MoReg 395	49 MoReg 400		
12 CSR 10-41.010	Director of Revenue	48 MoReg 2263	48 MoReg 2289	49 MoReg 574	
12 CSR 10-41.040	Director of Revenue		49 MoReg 284R		
12 CSR 10-42.080	Director of Revenue		48 MoReg 2293	49 MoReg 574	
12 CSR 10-42.090	Director of Revenue		48 MoReg 2293	49 MoReg 574	
12 CSR 10-42.100	Director of Revenue		48 MoReg 2294	49 MoReg 575	
12 CSR 10-44.010	Director of Revenue		49 MoReg 162		
12 CSR 10-44.100	Director of Revenue		49 MoReg 162		
12 CSR 10-102.554	Director of Revenue		48 MoReg 2295R	49 MoReg 575R	
12 CSR 10-400.200	Director of Revenue		49 MoReg 353R		
12 CSR 30-4.010	State Tax Commission		49 MoReg 163	49 MoReg 753	
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13 CSR 35-35-070	Children's Division		48 MoReg 2151	49 MoReg 503	
13 CSR 35-36.010	Children's Division		48 MoReg 2152R	49 MoReg 503R	
13 CSR 35-60.040	Children's Division	48 MoReg 1673	49 MoReg 400R		
13 CSR 35-60.050	Children's Division	48 MoReg 1674	49 MoReg 400		
13 CSR 35-71.015	Children's Division		49 MoReg 353R		
13 CSR 35-71.020	Children's Division		49 MoReg 354		
13 CSR 35-71.045	Children's Division	48 MoReg 1675	This Issue		
13 CSR 35-71.020	Children's Division	48 MoReg 1675	49 MoReg 356R		
13 CSR 35-71.045	Children's Division	48 MoReg 1676	49 MoReg 356		
13 CSR 35-71.300	Children's Division		49 MoReg 560R		
13 CSR 70-3.200	MO HealthNet Division		49 MoReg 560		
13 CSR 70-3.230	MO HealthNet Division		This Issue		
13 CSR 70-3.320	MO HealthNet Division		49 MoReg 638		
13 CSR 70-10.020	MO HealthNet Division	49 MoReg 435	48 MoReg 2295	49 MoReg 575	
13 CSR 70-10.120	MO HealthNet Division	49 MoReg 441	This Issue		
13 CSR 70-15.010	MO HealthNet Division		49 MoReg 486		
13 CSR 70-15.220	MO HealthNet Division		49 MoReg 492		
13 CSR 70-20.042	MO HealthNet Division		48 MoReg 2153	49 MoReg 503	
13 CSR 70-20.320	MO HealthNet Division		49 MoReg 358		
13 CSR 70-20.340	MO HealthNet Division		48 MoReg 2296	49 MoReg 503	
13 CSR 70-25.160	MO HealthNet Division		49 MoReg 495		
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15 CSR 30-3.005	Secretary of State		49 MoReg 5	49 MoReg 753	
15 CSR 30-3.020	Secretary of State		49 MoReg 5	49 MoReg 754	
15 CSR 30-3.030	Secretary of State		49 MoReg 6	49 MoReg 754	
15 CSR 30-3.040	Secretary of State		49 MoReg 7	49 MoReg 754	
15 CSR 30-3.050	Secretary of State		49 MoReg 7	49 MoReg 754	
15 CSR 30-4.010	Secretary of State		49 MoReg 8	49 MoReg 754	
15 CSR 30-7.020	Secretary of State		49 MoReg 8R	49 MoReg 755W	
15 CSR 30-8.010	Secretary of State		49 MoReg 9	49 MoReg 755	
15 CSR 30-9.010	Secretary of State		49 MoReg 9R	49 MoReg 755R	
15 CSR 30-9.020	Secretary of State		49 MoReg 9	49 MoReg 755	
15 CSR 30-10.010	Secretary of State		49 MoReg 10	49 MoReg 755	
15 CSR 30-10.020	Secretary of State		49 MoReg 11	49 MoReg 755	
15 CSR 30-10.025	Secretary of State		49 MoReg 12	49 MoReg 756	
15 CSR 30-10.030	Secretary of State		49 MoReg 13	49 MoReg 756	
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15 CSR 30-10.060	Secretary of State		49 MoReg 16	49 MoReg 756	
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15 CSR 30-10.110	Secretary of State		49 MoReg 20	49 MoReg 757	
15 CSR 30-10.120	Secretary of State		49 MoReg 21	49 MoReg 757	
15 CSR 30-10.130	Secretary of State		49 MoReg 22R	49 MoReg 757R	
15 CSR 30-10.140	Secretary of State		49 MoReg 22	49 MoReg 758	
15 CSR 30-10.150	Secretary of State		49 MoReg 23	49 MoReg 758	
15 CSR 30-10.160	Secretary of State		49 MoReg 24	49 MoReg 758	
15 CSR 30-15.010	Secretary of State		49 MoReg 24	49 MoReg 758	
15 CSR 30-15.020	Secretary of State		49 MoReg 25	49 MoReg 758	
15 CSR 30-15.030	Secretary of State		49 MoReg 25	49 MoReg 758	
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16 CSR 10-5.010	The Public School Retirement System of Missouri		49 MoReg 359		
16 CSR 10-6.060	The Public School Retirement System of Missouri		49 MoReg 360		
16 CSR 20-1.010	Missouri Local Government Employees' Retirement System (LAGERS)		49 MoReg 642		
16 CSR 20-2.150	Missouri Local Government Employees' Retirement System (LAGERS)		49 MoReg 642		
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b>					
19 CSR 10-3.060	Office of the Director	48 MoReg 2053	48 MoReg 2059	49 MoReg 504	
19 CSR 30-1.064	Division of Regulation and Licensure		49 MoReg 497		
19 CSR 30-40.810	Division of Regulation and Licensure	49 MoReg 444	49 MoReg 498		
19 CSR 60-50	Missouri Health Facilities Review Committee				49 MoReg 511 49 MoReg 654 49 MoReg 761
19 CSR 60-50.430	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.440	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.450	Missouri Health Facilities Review Committee		This Issue		
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20 CSR	Applied Behavior Analysis Maximum Benefit				49 MoReg 304
20 CSR	Construction Claims Binding Arbitration Cap				49 MoReg 304
20 CSR	Non-Economic Damages in Medical Malpractice Cap				49 MoReg 305
20 CSR	Sovereign Immunity Limits				49 MoReg 45
20 CSR	State Legal Expense Fund Cap				49 MoReg 305
20 CSR 400-2.130	Life, Annuities and Health				49 MoReg 577
20 CSR 400-5.900	Life, Annuities and Health		49 MoReg 285		
20 CSR 400-13.100	Life, Annuities and Health		49 MoReg 295		
20 CSR 1140-2.070	Division of Finance		48 MoReg 2065	49 MoReg 505	
20 CSR 1140-2.127	Division of Finance		48 MoReg 2065R	49 MoReg 506R	
20 CSR 1140-6.075	Division of Finance		48 MoReg 2066	49 MoReg 506	
20 CSR 1140-6.085	Division of Finance		48 MoReg 2067R	49 MoReg 506R	
20 CSR 2010-4.020	Missouri State Board of Accountancy		49 MoReg 499		
20 CSR 2030-14.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		49 MoReg 739		
20 CSR 2030-14.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		49 MoReg 740		
20 CSR 2030-14.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		49 MoReg 740		
20 CSR 2040-5.040	Office of Athletics		49 MoReg 741		
20 CSR 2085-8.070	Board of Cosmetology and Barber Examiners		This Issue		
20 CSR 2085-12.010	Board of Cosmetology and Barber Examiners		This Issue		
20 CSR 2110-2.130	Missouri Dental Board		49 MoReg 642		
20 CSR 2110-2.134	Missouri Dental Board		49 MoReg 643		
20 CSR 2115-2.040	State Committee of Dietitians		48 MoReg 317	48 MoReg 964	
20 CSR 2120-2.106	State Board of Embalmers	This Issue	This Issue		
20 CSR 2150-2.080	State Board of Registration for the Healing Arts		49 MoReg 645		
20 CSR 2150-5.100	State Board of Registration for the Healing Arts		49 MoReg 360		
20 CSR 2165-2.050	Board of Examiners for Hearing Instrument Specialists		49 MoReg 164	49 MoReg 759	
20 CSR 2197-1.040	Board of Therapeutic Massage		49 MoReg 562		
20 CSR 2200-4.010	State Board of Nursing		49 MoReg 26	49 MoReg 575	



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20 CSR 2200-4.020	State Board of Nursing		49 MoReg 29	49 MoReg 575	
20 CSR 2200-4.100	State Board of Nursing		49 MoReg 32	49 MoReg 576	
20 CSR 2200-4.200	State Board of Nursing		49 MoReg 363		
20 CSR 2200-6.030	State Board of Nursing	49 MoReg 268	49 MoReg 296	49 MoReg 759	
20 CSR 2220-4.010	State Board of Pharmacy		49 MoReg 647		
20 CSR 2231-2.010	State Board of Pharmacy	49 MoReg 133	49 MoReg 165	49 MoReg 760	
20 CSR 2250-5.020	Missouri Real Estate Commission		49 MoReg 92	49 MoReg 653	
20 CSR 2263-1.035	State Committee for Social Workers		48 MoReg 2297	49 MoReg 507	
20 CSR 2263-2.085	State Committee for Social Workers		49 MoReg 741		
20 CSR 2267-5.010	Office of Tattooing, Body Piercing, and Branding		49 MoReg 366		
20 CSR 2270-1.021	Missouri Veterinary Medical Board		49 MoReg 296		
20 CSR 2270-2.031	Missouri Veterinary Medical Board		49 MoReg 366		
20 CSR 2270-2.041	Missouri Veterinary Medical Board		49 MoReg 367		
20 CSR 2270-3.020	Missouri Veterinary Medical Board		49 MoReg 367		
20 CSR 2270-4.041	Missouri Veterinary Medical Board		49 MoReg 367		
20 CSR 4240-2.075	Public Service Commission		49 MoReg 651		
20 CSR 4240-2.115	Public Service Commission		49 MoReg 651		
20 CSR 4240-123.080	Public Service Commission		This Issue		
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22 CSR 10-2.020	Health Care Plan	48 MoReg 2115	48 MoReg 2203	49 MoReg 507	
22 CSR 10-2.046	Health Care Plan	48 MoReg 2116	48 MoReg 2204	49 MoReg 507	
22 CSR 10-2.047	Health Care Plan	48 MoReg 2116	48 MoReg 2204	49 MoReg 507	
22 CSR 10-2.053	Health Care Plan	48 MoReg 2117	48 MoReg 2205	49 MoReg 507	
22 CSR 10-2.055	Health Care Plan	48 MoReg 2121	48 MoReg 2208	49 MoReg 508	
22 CSR 10-2.061	Health Care Plan	48 MoReg 2128	48 MoReg 2215	49 MoReg 508	
22 CSR 10-2.070	Health Care Plan	48 MoReg 2129	48 MoReg 2215	49 MoReg 508	
22 CSR 10-2.075	Health Care Plan	48 MoReg 2129	48 MoReg 2216	49 MoReg 508	
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22 CSR 10-2.140	Health Care Plan	48 MoReg 2133	48 MoReg 2219	49 MoReg 508	
22 CSR 10-3.020	Health Care Plan	48 MoReg 2133	48 MoReg 2219	49 MoReg 509	
22 CSR 10-3.055	Health Care Plan	48 MoReg 2134	48 MoReg 2220	49 MoReg 509	
22 CSR 10-3.057	Health Care Plan	48 MoReg 2135	48 MoReg 2221	49 MoReg 509	
22 CSR 10-3.058	Health Care Plan	48 MoReg 2143	48 MoReg 2228	49 MoReg 509	
22 CSR 10-3.059	Health Care Plan	48 MoReg 2143	48 MoReg 2228	49 MoReg 509	
22 CSR 10-3.061	Health Care Plan	48 MoReg 2144	48 MoReg 2228	49 MoReg 510	
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22 CSR 10-3.075	Health Care Plan	48 MoReg 2146	48 MoReg 2230	49 MoReg 510	

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<b>Department of Agriculture</b>			
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2 CSR 30-10.010	Inspection of Meat and Poultry . . . . .	49 MoReg 395 . . . . .	Feb. 29, 2024. . . . . Aug. 26, 2024
Office of the Director			
2 CSR 110-4.010	Who Shall Register . . . . .	49 MoReg 263 . . . . .	Jan. 24, 2024. . . . . July 21, 2024
2 CSR 110-4.020	Interest Defined . . . . .	49 MoReg 263 . . . . .	Jan. 24, 2024. . . . . July 21, 2024
2 CSR 110-4.040	Procedure for Filing . . . . .	49 MoReg 264 . . . . .	Jan. 24, 2024. . . . . July 21, 2024
2 CSR 110-4.050	Process for Approval . . . . .	49 MoReg 265 . . . . .	Jan. 24, 2024. . . . . July 21, 2024
<b>Department of Elementary and Secondary Education</b>			
Office of Childhood			
5 CSR 25-100.340	Early Childhood Education Standards . . . . .	49 MoReg 81. . . . .	Dec. 20, 2023. . . . . June 16, 2024
<b>Department of Public Safety</b>			
Division of Alcohol and Tobacco Control			
11 CSR 70-2.010	Definitions . . . . .	49 MoReg 601 . . . . .	April 5, 2024. . . . . Jan. 15, 2025
11 CSR 70-2.020	Application for License . . . . .	49 MoReg 601 . . . . .	April 5, 2024. . . . . Jan. 15, 2025
<b>Department of Revenue</b>			
Director of Revenue			
12 CSR 10-26.231	Maximum Dealer Administrative Fees . . . . .	49 MoReg 395 . . . . .	Feb. 23, 2024. . . . . Aug. 20, 2024
12 CSR 10-41.010	Annual Adjusted Rate of Interest . . . . .	48 MoReg 2263 . . . . .	Jan. 1, 2024. . . . . June 28, 2024
<b>Department of Social Services</b>			
MO HealthNet Division			
13 CSR 70-10.020	Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services . . . . .	49 MoReg 435 . . . . .	March 6, 2024. . . . . Sept. 1, 2024
13 CSR 70-10.120	Reimbursement for Nurse Assistant Training . . . . .	49 MoReg 441. . . . .	March 11, 2024. . . . . Sept. 6, 2024
13 CSR 70-94.030	Transformation of Rural Community Health (ToRCH) . . . . .	This Issue . . . . .	May 6, 2024. . . . . Nov. 1, 2024
<b>Department of Health and Senior Services</b>			
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19 CSR 30-40.810	Ground Ambulance Transport of Patients to Locations That Are Not Hospitals . . . . .	49 MoReg 444 . . . . .	March 11, 2024. . . . . Sept. 6, 2024
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20 CSR 2120-2.106	Preneed Funeral Contract Audit Fee Waiver . . . . .	This Issue . . . . .	May 14, 2024. . . . . Feb. 20, 2025
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20 CSR 2200-6.030	Intravenous Infusion Treatment Administration by Qualified Practical Nurses; Supervision by a Registered Professional Nurse . . . . .	49 MoReg 268 . . . . .	Jan. 22, 2024. . . . . July 19, 2024
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22 CSR 10-2.020	General Membership Provisions . . . . .	48 MoReg 2115. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.046	PPO 750 Plan Benefit Provisions and Covered Charges . . . . .	48 MoReg 2116. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.047	PPO 1250 Plan Benefit Provisions and Covered Charges. . . . .	48 MoReg 2116. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.053	Health Savings Account Plan Benefit Provisions and Covered Charges . . . . .	48 MoReg 2117. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges . . . . .	48 MoReg 2121. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.061	Plan Limitations . . . . .	48 MoReg 2128 . . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.070	Coordination of Benefits. . . . .	48 MoReg 2129 . . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.075	Review and Appeals Procedure. . . . .	48 MoReg 2129 . . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members . . . . .	48 MoReg 2132. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-2.140	Strive for Wellness® Health Center Provisions, Charges, and Services . . . . .	48 MoReg 2133. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.020	General Membership Provisions . . . . .	48 MoReg 2133. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.055	Health Savings Account Plan Benefit Provisions and Covered Charges . . . . .	48 MoReg 2134. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges . . . . .	48 MoReg 2135 . . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.058	PPO 750 Plan Benefit Provisions and Covered Charges . . . . .	48 MoReg 2143. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.059	PPO 1250 Plan Benefit Provisions and Covered Charges. . . . .	48 MoReg 2143. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.061	Plan Limitations . . . . .	48 MoReg 2144. . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.070	Coordination of Benefits. . . . .	48 MoReg 2145 . . . . .	Jan. 1, 2024. . . . . June 28, 2024
22 CSR 10-3.075	Review and Appeals Procedure. . . . .	48 MoReg 2146 . . . . .	Jan. 1, 2024. . . . . June 28, 2024

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
<b>2024</b>			
<b>24-06</b>	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	May 2, 2024	Next Issue
<b>24-05</b>	Extends Executive Order 23-05 to address drought-response efforts until September 1, 2024	April 26, 2024	This Issue
<b>24-04</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 29, 2024	49 MoReg 447
<b>24-03</b>	Declares a State of Emergency and declares Missouri will implement the Emergency Mutual Aid Compact (EMAC) agreement with the State of Texas to provide support with border operations	February 20, 2024	49 MoReg 446
<b>24-02</b>	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted winter storm systems	January 11, 2024	49 MoReg 270
<b>24-01</b>	Orders the Dept. of Agriculture to establish rules regarding acquisitions of agricultural land by foreign businesses	January 2, 2024	49 MoReg 136
<b>2023</b>			
<b>23-10</b>	Extends Executive Order 23-05 to address drought-response efforts until May 1, 2024	November 17, 2023	48 MoReg 2267
<b>23-09</b>	Orders state offices to be closed on Friday, November 24, 2023	November 9, 2023	48 MoReg 2149
<b>23-08</b>	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	August 5, 2023	48 MoReg 1684
<b>23-07</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	July 28, 2023	48 MoReg 1595
<b>23-06</b>	Rescinds Executive Order 17-20	June 29, 2023	48 MoReg 1423
<b>23-05</b>	Declares drought alerts for 60 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan	May 31, 2023	48 MoReg 1179
<b>23-04</b>	Designates members of the governor's staff as having supervisory authority over each department, division, or agency of state government	April 14, 2023	48 MoReg 911
<b>23-03</b>	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to severe storm systems	March 31, 2023	48 MoReg 795
<b>23-02</b>	Extends Executive Order 22-08, the State of Emergency, and waivers until February 28, 2023	January 24, 2023	48 MoReg 433
<b>23-01</b>	Orders the commencement of the Missourians Aging with Dignity Initiative, with directives to support all citizens as they age	January 19, 2023	48 MoReg 431

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